



**FAMILY DIRECTED SERVICES
GOODS AND SERVICES RECOMMENDATION**

To:
From:

Date:
Child:

Blue shaded areas completed by professional recommending good(s) or service(s).

The parents or legal guardian for the child named above is seeking Medicaid funding for:

Item: _____
Cost: _____

To ensure compliance with federal medical assistance regulations, we must obtain recommendation from the child’s physician, PT, OT, SLP, or licensed Psychologist that the above named good(s) or service(s):

- a safe and effective treatment that meets acceptable standards of medical practice.
- needed to optimize the health, safety and welfare of the child.
- the least costly alternative that reasonably meets the child’s need.
- for the sole benefit of the child.

Goods and services must also:

- maintain the ability of the child to remain in the community,
- enhance community inclusion and family involvement,
- decrease dependency on formal support services and thus increase independence of the child, or
- provide unpaid family members and friends training needed to provide support to the child.

The good or service named above is required to meet the following medical need. Please be specific.

DATE THIS RECOMMENDATION EXPIRES: _____

If all of the above criteria are met please sign and date below indicating your recommendation of the before mentioned good(s) or service(s).

Print Name

Signature & Credential

Date

When complete, please return this form to: