

SUPPORT SERVICE AUTHORIZATION AND PAYMENT

CASE NAME: _____ Case #: JV320412A
(Mother's Name) (JV # or CWS/CMS Case # if in ER)

PERSON(S) SERVED: _____

FUNDING SOURCE: ☐ CWS ☐ CSEC ☐ ILP ☐ PSSF ☐ FPRS ☒ Wraparound
Cost-Savings Fund

PROGRAM: ☐ ER ☐ FM ☐ FR ☒ PP ☐ Adoptions


DESCRIPTION: Wrap services through Evolve

Fiscal Key & Authorization #


AUTHORIZATION	DETAIL
Start date - End date	08/01/2021 to 02/28/2022
Frequency	7
Unit cost	various
Estimated Total Cost	40,860.00

PAYEE: Evolve Youth Services W-9 ☐ On file or N/A ☒ Attached
PROVIDER NAME: Evolve youth Services PHONE: 707-825-1173
PAYEE ADDRESS: 685 F St. Arcata, CA 95521

Social Worker Name (Type or print legibly): Nick Gancayco


Nick Gancayco (Apr 13, 2022 12:18 PDT)

04/13/2022


Ann Larrea (Apr 13, 2022 12:22 PDT)

04/13/2022

SOCIAL WORKER SIGNATURE AUTHORIZATION REQUEST

DATE

SUPERVISOR SIGNATURE ~ ☐ APPROVED ☐ DENIED

DATE


MANAGER SIGNATURE ~ ☐ APPROVED ☐ DENIED

DATE

FISCAL SIGNATURE ~ ☐ APPROVED ☐ DENIED

DATE

REMINDER: The Social Worker and Supervisor must sign this form. Manager signature is required for services over \$200. Deputy Director signature is required for services over \$500 and all CalCard purchases. Director signature is required for services over \$1500.


Amber Davis (Apr 13, 2022 12:29 PDT)

04/13/2022


Crystal Maytan (Apr 13, 2022 12:41 PDT)

04/13/2022

DEPUTY DIRECTOR SIGNATURE ~ ☒ APPROVED ☐ DENIED DATE

DIRECTOR SIGNATURE ~ ☒ APPROVED ☐ DENIED DATE

- FISCAL USE ONLY -		
Date Paid	Vendor	Amount



EVOLVE YOUTH SERVICES

18 March 2022

Lake County Dept. of Social Services

To whom it may concern,

This letter is to confirm that Evolve Youth Services is the name of the payee for Wraparound services for . Payments should be sent to 685 F. St. Arcata, CA 95521. The financial contact person is to be Alicia Worth, Executive Director. The contact phone number for Ms. Worth is (707) 672-5179. Please forward any questions or requests for additional information to the same number and contact person. Thank you.

Sincerely,

Alicia Worth Executive Director



EVOLVE YOUTH SERVICES

August 2021:

- CFS: \$1,200
- Equine: \$400
- Mileage: \$640
- Clinical Support 4x a month: \$500
- Gym Membership: \$200
- Parental Support: \$625
- Respite: \$300
- Misc. Reimbursements: \$500
- Recreational Activities: \$200
- Total: \$4565

September 2021:

- CFS: \$1,200
- Counseling: \$250
- Equine: \$300
- Mileage: \$580
- Clinical Support 4x a month: \$500
- Gym Membership: \$200
- Parental Support: \$625
- Respite: \$300
- Misc. Reimbursements: \$500
- Recreational Activities: \$200
- Total: \$4655

October 2021:

- CFS: \$1380
- Counseling: \$1,000
- Equine: \$200
- Mileage: \$1,030
- Clinical Support 4x a month: \$500
- Gym Membership: \$200
- Parental Support: \$625
- Respite: \$300
- Misc. Reimbursements: \$500
- Recreational Activities: \$200
- Total: \$5,935



EVOLVE YOUTH SERVICES

November 2021:

- **CFS: \$870**
- **Counseling: \$750**
- **Equine: \$200**
- **Mileage: \$375**
- **Clinical Support 4x a month: \$500**
- **Gym Membership: \$200**
- **Parental Support: \$625**
- **Respite: \$300**
- **Misc. Reimbursements: \$1,000**
- **Recreational Activities: \$200**
- **Total: \$5,020**

December 2021:

- **CFS: \$1,800**
- **Equine: \$300**
- **Behaviorist: \$250**
- **Mileage: \$1,275**
- **Clinical Support 4x a month: \$500**
- **Gym Membership: \$200**
- **Parental Support: \$625**
- **Respite: \$300**
- **Misc. Reimbursements: \$500**
- **Recreational Activities: \$300**
- **Total: \$6,050**

January 2022:

- **CFS: \$2,000**
- **Equine: \$400**
- **Mileage: \$1,050**
- **Behaviorist: \$350**
- **Clinical Support 6x a month: \$750**
- **Gym Membership: \$200**
- **Parental Support: \$750**
- **Respite: \$300**
- **Misc. Reimbursements: \$500**
- **Recreational Activities: \$200**
- **Guitar: \$260**
- **Total: \$6,610**



EVOLVE YOUTH SERVICES

February 2022

- CFS: \$2,400
- Equine: \$400
- Mileage: \$1,365
- Behaviorist: \$700
- Clinical Support 6x a month: \$750
- Gym Membership: \$200
- Parental Support: \$750
- Respite: \$300
- Misc. Reimbursements: \$500
- Recreational Activities: \$200
- Camp: \$200
- Guitar: \$260
- Total: 8,025

*The average for the past 7 months that we have provided services to _____ is about \$6,000, however as services have increased the last 2 months so have the totals spent.....t has expressed interest in more time with our CFSs (therapeutic mentors), exploring vocational education and experience, and increased focus on life skills/personal development. Our current plan combined with some increased hours/resources for the afore mentioned additions, a rate of \$8,000/month would be the minimum needed to continue services as planned. This includes a minimal amount of reimbursements to the family for various in home needs, however those needs may be met through an increased LOC rate.

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Evolve Youth Services

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☒ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ► _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

1085 F. St.

6 City, state, and ZIP code

Arcata, CA 95521

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

____ - ____ - ____

or

Employer identification number

81-2500610

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

Date ►

3/18/22

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.