

**GAMBLING SERVICES MANUAL**

**17.01H GAMBLING AUTHORIZATION REQUEST FORM**  
**AUTHORIZATION FORM**

Provider Name:
FID/SSN:
SAP Vendor No:
PPA No:

**CLIENT INFORMATION**

Client ID Number:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Admission Date:
Number of Sessions Requested:
If client is insured, did you receive written denial notification prior to requesting authorization and payment from BDAP? <input type="checkbox"/> Yes <input type="checkbox"/> No
If No is selected above, please briefly explain:

Preparer's Signature _____	Date: _____
Signature Certified Gambling Counselor _____	Date: _____

**DEPARTMENT OF HEALTH USE ONLY**

Number of Sessions Authorized: _____	
Expiration Date of Authorization: _____	
Department of Health's Authorized Signature _____	Date: _____