

SMART Adjunctive Children's Treatment Services Voucher
 P.O. Box 1360 Windham, ME 04062
 Phone: (207) 893-0386 Fax: (207) 893-2086

Foster Parent(s): _____

Payment Authorized by: _____

Payable to: _____

Date: _____

Address: _____

Telephone: _____

	Describe the Service or Item	Name(s) of Child(ren)/First and Last	Expense Code(s)	Date(s)	Cost	Treatment Reference Specific reference in present Individual Service Plan as a strategy/objective
A						
B						
C						
D						
				Total		

Expense Codes:

1	Day Camp	4	Treatment Related Activity	7	Other
2	Overnight Camp	5	Treatment Related Object		
3	Day Care	6	For Entire Household		