

**PPS Client Purchase Agreement
 Payment Request and Authorization**

This form is completed when PPS is purchasing a good or a service for an individual or family with whom the agency has an open case. Each purchase requires a separate form.

Field	Instructions
Date:	enter current date
PPS Worker:	enter DCF case worker who is completing the form
Fax:	enter the fax used at the case worker's office location
Region: and Co:	enter the region and county of the DCF office serving this client (codes at end of inst)
e-mail:	enter case worker's DCF e-mail address
Program:	select: (Program code for SMART in parentheses) <i>Adoption(AA)</i> - one-time special purchases and non-recurring expenses; <i>Adult Protective Services(AP)</i> – any purchase made under the APS program; <i>Assessment/Prevention(CP)</i> – any purchase made during an investigation or Police Protective Custody; <i>Fam Srvs/CWCMP(FS)</i> – any purchase made during a family service case or when assisting the CWCMP with a FP or FC referral purchase or to pay for Staff Secure Facility placement for human trafficking victim; <i>Youth Independent Living(IL)</i> – any purchase made under the ILS program.
Client Information	
Client Name:	enter case head's name or name of client receiving the service
Client ID# & Case #:	enter KAECSES/KANPAY #s; if client not known to KAECSES open KANPAY case.
Street Address:	enter client's street address (optional)
City, ST, Zip	enter client's city, state, and zip code (optional)
For Payment Processing	<p>First 4 lines are completed by PPS worker(s).</p> <p>For Provider Agreement Purchases: Multiple invoices may be received when a PA is involved. The initial, signed 2833 will be renamed with each invoice involved and the details for that payment completed in this section.</p> <p>Vendor's Invoice # - enter identifying number from provider's invoice submitted for payment or create a number to help identify this payment, ie, DCCCA2015Aug5.</p> <p>Final Payment – check box if no other payments for the Agreement will be received.</p> <p>Notes – put special instructions, if any, for the payment personnel, such as where to send the check; return the check to a certain worker; or a Purchase Order # if applicable.</p> <p>For Imprest –if payment is Imprest, enter the Imprest fund to be reimbursed.</p> <p>Address # - enter SMART Address ID</p> <p>Location # - enter SMART payment Location</p> <p>Processed Date – enter date payment request sent to SMART fiscal worker.</p> <p>Wrkrs Intls – enter initials of PPS worker completing the payment information section.</p> <p>Speedchart – enter appropriate Speedchart number.</p> <p>Account – enter appropriate account number.</p> <p>INF45 – enter appropriate INF45 code. (Speedchart/INF45 codes at end of instructions.)</p> <p>Amount – enter the amount of this particular payment; this amount must have supportive documentation that equals this amount.</p>
	<p>5th line is completed by fiscal worker with access to SMART.</p> <p>SMART Voucher # - enter voucher number assigned in SMART.</p> <p>Warrant # - enter SMART warrant # or Imprest check # assigned.</p> <p>SMART Processed Date – enter date payment keyed into SMART.</p> <p>Fiscal Wrkrs Initials – enter initials of worker keying payment into SMART.</p>
Payee (Provider) Information	
Payee's Name:	Enter the name of the store/vendor/staff to whom the payment is being made.
SMART Vendor ID:	not needed for Imprest or SINGLE_PAY requests; for all other payments payee must be an active vendor in SMART before payment can be processed. Contact region's payment unit to get a new payee into SMART
Street Address:	Enter the address of the store or vendor where the check should be mailed.
City, ST Zip:	Payee's city, state, zip
For Services with a Provider Agreement...	
Service Provider's Signature & Date:	For services with a Provider Agreement, have the provider or authorized designee sign here. After obtaining agency signatures, provide a copy to the provider for their records.
Purchase Request	
Describe item/service to be purchased & why:	provide brief description of good to be purchased along with reason why ; if Handbook service, provide title of service as it appears on Handbook service page along with

	reason why service is needed.
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Dates of Service from/to:	enter start and end date this purchase may occur; if invoice available use date on invoice indicating purchase date (the 'from' and 'to' dates can be the same date)
PA Involved	check box if this purchase involves a provider agreement.
Total Units Authorized:	enter a number to indicate the total units this request involves (mileage calculated later) and choose the type of unit involved in this service (each, day, week, month) – select <i>each</i> for one time purchases.
Cost per Unit:	enter per unit cost provider agreed to on provider agreement
Total ¹ :	Multiply 'total units authorized' by 'cost per unit'; enter total here
Include mileage reimb.	check this box if provider is being reimbursed for mileage as part of this request
Approx. Miles	estimate the total number of miles to be reimbursed
Total ² :	Multiply 'approx miles' by \$0.56; enter total here
Progress Reports Due:	enter N/A if progress reports not necessary, otherwise enter how often progress reports are expected (i.e., weekly, on 1 st & 15 th each month, monthly, etc.)
Not to Exceed:	Enter amount of purchase. For PAs, add Total ¹ and Total ² ; enter amount here; total amount eventually paid to provider cannot exceed this amount without a supervisor-approved correction (Cross out amounts and enter correct amounts; have supervisor initial corrected amounts; if approved electronically, copy of e-mail from supervisor who approved the correction must be kept with the PPS 2833.)
Payment Method:	Select the payment method to be used: <i>P-Card</i> – Worker makes purchase with their P-Card. Follow local procedures for processing a p-card payment. <i>Purchase Amount Known</i> – Worker attaches receipts or billing statement or invoice that is to be paid. <i>Payment Later</i> – This option is used when: 1) purchasing a service from the Handbook; or, 2) presenting the PPS 2833 to a store as DCF's promise to pay--the client takes the completed PPS 2833 to the store, where prior arrangements have been made to purchase the item specified on the form. <i>Imprest</i> – Worker checks this box when region allows imprest funds to be used; check with supervisor for region's policy on use of imprest funds. Follow local procedures for processing an Imprest check request. <i>SINGLE_PAY</i> – Used to reimburse a PPS staff for a client purchase. Local restrictions may apply.
Agency Authorization/Approval	
Signature of PPS Worker & Date:	Case Worker completing this request signs and dates here.
Signature of Agency Approval & Date:	If purchase under \$1,000 Supervisor's signature required. If purchase \$1,000-\$4,900 Regional Program Administrator's, or designee's, signature required. If purchase more than \$5,000, a state contract is required. Electronic signatures allowed; see Handbook, Section II.B.2 for guidelines.

Adopt. Special – Speedchart = ISD27612
INF45 Codes:
1520-Adoption Special Services Services
1530-Adoption Special Services Goods

Adopt.Non Recurring Exp–Speedchart = ISD27613
INF45 Codes:
1540-Non-Recurring Exp to Family
1560-Non-Recurring Exp Legal Fees

Adult Protective Services – Speedchart = ISD27351
INF45 Codes:
3500-Rent
3501-Furniture
3502-House Repairs
3503-Household Items
3504-House Cleaning
3505-Moving Expenses
3509-Bank Records fees
3515-Utilities
3550-Clothing
3551-Food

3525-Transportation
3526-Car Repairs
3527-Fuel for Transportation
3530-Medical Care
3531-Medications/Prescriptions
3532-Medical Supplies
3533-Dental
3534-Eye/Vision Care
3510-Services not identified elsewhere
3520-Goods not identified elsewhere

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Family Services Health Related – Speedchart = ISD27321

- INF45 Codes:
3212-Therpy-Counseling
3213-Medical/Dental
3217-Drug and Alcohol Services
3290-CPS Medical Exams
3291-Foster Care Medical Expenses

Family Services Other – Speedchart = ISD27322

- INF45 Codes:
3200-Rent
3210-Services not identified elsewhere
3211-Legal Services
3214-Day Care
3215-Utilities
3216-Interpreter Services
3218-KBI and/or FBI Background Check
3220-Goods not identified elsewhere
3230-CINC in Detention
3231-Emergency Shelter
3232-Law Enforcement Protective Custody
3233-Youth Residential Center I
3234-Youth Residential Center II
3235-Therapeutic Family Foster Home
3236-Specialized Family Foster Home
3237-Respite Care
3250-Clothing
3260-Education/Training-Goods
3261-Education/Training-Services
3270-Transportation
3280-Foster Care Clients-Goods
3281-Foster Care Clients-Services
3282-Time Limited Support

Family Services Human Trafficking – Speedchart = ISD27323

- 3295-placed by law enforcement
3296-placed by court

Youth IL Chafee - Speedchart = ISD27812

- INF45 Codes:
8150-Clothing
8110-Services Not Identified Elsewhere
8112-Non-Certified Adult Ed Training
8113-GED Preparation Services
8114-High School Graduation Prep Services
8115-College Classes/Certified Trn Prog
8120-Goods Not Identified Elsewhere
8121-Books & Materials for Non-Certified Trnngs
8122-One Time Start up Costs Excluding Rent
8123-Computer Equipment
8124-Technical Equipment
8125-Transportation Excluding Car Repairs
8126-Car Repairs
8127-Medical Costs
8128-Mentor

Youth IL ETV – Speedchart = ISD27821

- INF45 Codes:
8250-Clothing
8211-Room and Board
8212-Training/Ed or ETV Tuition Post Secondary
8213-GED Prep or ETV Fees Post Secondary
8214-HS Grad Prep or ETV Tuition Training
8215-College Classes/Certified Training Prog or ETV Fees
8216-Special Fees Post Secondary
8217-Special Fees for Certified Training
8218-Tutoring
8219-Day Care
8221-Books and Materials
8223-Computer Equipment
8224-Technical Equipment
8225-Transportation Excluding Car Repairs
8227-Medical Costs

