



CT BLOCK GRANT RECOVERY PROGRAM Telehealth Equipment Payment Request Form

This form must be faxed to CT BLOCK GRANT RECOVERY PROGRAM at 860-967-0539 with a copy of an invoice, item listing and/or receipt, and a W-9 form completed by the store receiving the payment.

Providers seeking payment for telehealth equipment must complete this form. ABH, Inc. and the Department of Mental Health and Addiction Services (DMHAS) will review all requests. ABH will notify requestor of the outcome of the request within thirty days of receipt of a complete application.

Requestor Name: _____ **Phone:** _____

Agency Name: _____ **Amount Requested: \$** _____

Send Payment to: Requesting Provider Vendor

(W-9 should be completed by the agency or company who will receive payment)

Item(s) Requested: Computer with microphone and camera
 iPad / Other tablet with microphone and camera Smart Phone Web Camera
 Other – Please Specify _____

Rationale for Request: _____

Requestor Signature: _____ **Date:** _____

Please note – an original Requestor Signature is required and electronic signatures are not accepted.