

# IN-HOME SUPPORTIVE SERVICES SPECIAL PRE-AUTHORIZED TRANSACTIONS

**RECIPIENT**

1. NUMBER		
COUNTY	CASE NUMBER	CHECK DIGIT

**PROVIDER**

2. NUMBER
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**1 - SUPPLEMENT/  
EMERGENCY**

3. TYPE	4. REASON	5. NOA	REASON	CODES
		<b>M C N</b>		

6. FROM DATE				7. TO DATE				8. GROSS	9. HOURS	10. RATE	11. SHARE/COST								
M	M	D	D	Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y				

**2 - REPLACEMENT**

12. TYPE	13. REASON
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14. WARRANT#	15. WARRANT DATE	16. NET AMOUNT
	M M D D Y Y Y Y	

**3 - VOID WARRANT**

17. TYPE	18. REASON
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19. WARRANT#	20. WARRANT DATE	21. NET AMOUNT
	M M D D Y Y Y Y	

**4 - ADJUSTMENT**

22. TYPE	23. REASON	24. FROM DATE	25. TO DATE
		M M D D Y Y Y Y	M M D D Y Y Y Y

26. WARRANT#	27. PAY PERIOD	28. GROSS AMOUNT	29. F.I.C.A.	30. MED		
	M M D D Y Y Y Y					
31. SDI	32. FED	33. STATE	34. EIC	35. SOC	36. NET	37. HOURS

**AUTHORIZED BY**

38. NUMBER
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**FORCE ACCEPT?**

39.
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**PAYEE**

40. NAME
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**COUNTY VALIDATION**

41. AUTHORIZATION	42. DATE	43. REMARKS
44. VALIDATION	45. DATE	46. REMARKS