

NC CAP Budget Request Form

To ensure an accurate budget, please provide the following information. Please allow 5 business days for all budget requests to be returned. We do not process retro-active updates to budgets. Budget requests should be emailed to: Caseworker@Outreachfiscalagent.com

Client Name (please print): _____

Client Medicaid Number: _____

Plan of Care Dates: _____ to _____

Service Code 1: _____ Units Per Week: _____

Service Code 2: _____ Units Per Fiscal Year: _____

- Alternate Schedule (if needed)

- Dates: _____

- Additional Units Per Week: _____

TODAYS DATE IS: _____

I NEED THIS BUDGET BY: _____

Must be 5 business days from request date

MY CONTACT INFORMATION IS:

Case Worker Name: _____

Case Worker Agency: _____

Case Worker Email: _____

- Please complete this form for each client **and** each time you would like to change your client's budget
- This form **must be received 5 business days prior to requested return date**
- Incomplete budget requests will not be processed
- The hourly rate shown on the budget tool will include employer burden

Return Completed Form to:

CaseWorker@Outreachfiscalagent.com