



Staff Authorization Certification

Temporary Assistance for Needy Families (TANF) Substance Abuse and Mental Health Program

Instructions: The staff supervisor must complete the following and place the authorization form in the staff's personnel file. Email a copy to of this form to AdminRequests@cfbhn.org or you may fax it to Attn: Administrative Requests at 813-740-4821, prior to the submission of any TANF forms to Central Florida Behavioral Health Network.

I, _____ certify that _____
(Print Supervisor's Name) **(Print Staff's Name)**

is the Treatment Service Provider's designee for submitting TANF SAMH Notification requests (referrals), authorizing clients for inclusion on the TANF Client Log, signing the TANF SAMH Participant Logs and submitting service activity logs.

Supervisor's Name: _____
(Please Print)

Supervisor's Signature: _____

Staff's Name: _____
(Please Print)

Staff's Position/Title: _____

Staff's Social Security Number (last four): _____

Staff ID Number: _____

Staff's Signature: _____

Providers Name: _____

Date: _____ County: _____

