

**HPR I COMMUNITY SERVICE BOARDS
CRISIS STABILIZATION AND DETOX SERVICES
STANDARD PURCHASE OF SERVICES AGREEMENT**

REQUESTED SERVICES: ☐ DETOX SERVICES
☐ CRISIS STABILIZATION SERVICES

PAYEE (PROVIDER OF SERVICES):

- | | |
|--|--|
| <input type="checkbox"/> CVCS (Courtland Center) | <input type="checkbox"/> HRCSB (Harrisonburg-Rockingham) |
| <input type="checkbox"/> RACSB (Rappahannock Area) | <input type="checkbox"/> RRCS (Rappahannock Rapidan) |
| <input type="checkbox"/> RTEN (Region Ten) | <input type="checkbox"/> VCSB (Valley) |
| <input type="checkbox"/> Boxwood | <input type="checkbox"/> The Mohr Center |
| <input type="checkbox"/> New Hope | |
| <input type="checkbox"/> OTHER: _____ | |

PAYOR (PURCHASER OF SERVICES):

- | | |
|--|--|
| <input type="checkbox"/> CVCS (Central Virginia) | <input type="checkbox"/> HRCSB (Harrisonburg-Rockingham) |
| <input type="checkbox"/> NWCS (Northwestern) | <input type="checkbox"/> RACSB (Rappahannock Area) |
| <input type="checkbox"/> RACS (Rockbridge Area) | <input type="checkbox"/> RRCS (Rappahannock Rapidan) |
| <input type="checkbox"/> RTEN (Region Ten) | <input type="checkbox"/> VCSB (Valley) |
| <input type="checkbox"/> OTHER: _____ | |

CLIENT NAME:

CLIENT SSN:

Effective date of Purchase Order (mm/dd/yy):

End date of Purchase Order (mm/dd/yy):

Extension date of Purchase Order (if applicable) (mm/dd/yy):

DOES THE CLIENT HAVE MEDICAID? ☐ YES ☐ NO

MEDICAID#:

Notes:

Signature of Case Manager/Date:

Manager/Director Approval/Date (if applicable):

Date Requested:

PLEASE SEND A COPY OF THE SIGNED PURCHASE OF SERVICES AGREEMENT ALONG WITH ALL CLIENT INFORMATION PRIOR TO CLIENT'S ADMISSION.