

**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#:**

**Signature of Case Manager/Date:**

**Manager/Director Approval/Date (if applicable):**

**Date Requested:**

**Notes:**

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