## Indiana Disordered Gambling Program Request for Additional Services Authorization

Date	Requesting Provider			
Service Location				
Contact Person				
Phone:		Email:		
Client Last Name		Client ID#		
Justification				
Anticipated Service	Cost per Uni	t	# Units	Total

Return Form by Email To:

Larry Long

Program Director – Disordered / Problem Gambling Services
Family and Social Services Administration/Division of Mental Health and Addiction
john.long@fssa.in.gov