

**COLLABORATIVE JUSTICE DRUG COURT PROGRAM  
Residential or Ancillary Support Service Approval Request**

**Client #** \_\_\_\_\_

<b>Service Description</b>	<b>Anticipated Date of Service/Purchase</b>	<b>Amount</b>
Residential		
Incentives		
Transportation		
Education / Tutoring		
Job Training		
Childcare		
Utilities		
Housing		
Health / Dental		
Tattoo Removal		
Other (e.g. clothing)		

**(Attach additional sheets if necessary)**

Executive Director

DATE

County Authorization

DATE

Index Code - 404145  
Sub-object - 4300

**Mail to:** El Dorado County Public Health  
AODT Division  
415 Placerville Drive, Suite R  
Placerville, CA 95667

**Submit a copy of this invoice with supporting documentation at time of invoicing.**