



**Functional Family Therapy (FFT) Booster Session Request Form (Capital ONLY)**

Complete this form and upload into Member's FFT episode in Jiva. Requests must be submitted within 6 months from the end date of an FFT authorization.

Date of Request: \_\_\_\_\_

Member Name: \_\_\_\_\_ DOB: \_\_\_\_\_

MAID #: \_\_\_\_\_

Name of Person Submitting this request: \_\_\_\_\_ Phone #: \_\_\_\_\_

Requested Booster Start Date: \_\_\_\_\_

Most Recent FFT Authorization End Date: \_\_\_\_\_