



Agency Authorization form for CSB Direct Client Assistance

All DCA trained staff are required to have this form on file with CSB before they can begin submitting DCA applications. Please work with your immediate supervisor to complete this form. Those in supervisory positions should have their direct report complete this form.

Name of Agency/Program: _____

Employee Name: _____

Employee Email: _____

Employee Phone: _____

Employee Signature: _____

Date: _____

This employee is authorized to (please check all that apply):

- Submit DCA applications
- Pick-up checks from CSB
- Sign off as a supervisor on DCA applications*
*This box should only be checked for those in supervisory positions.
- Complete DCA Applications in Kintone

Supervisor Name: _____

Supervisor Phone: _____

Supervisor Email: _____

Supervisor Signature: _____

Date: _____