

### Request for Additional Funds for Children Placed in Resident Care

This form must be submitted by the Residential Care Provider in conjunction with a child's social worker or juvenile probation officer when a child placed in the facility has specific needs the program cannot provide under its regular program. The Office of Children's Services will accept, on a case-by-case basis, requests from Providers for temporary additional funding for up to two weeks when the following information is submitted in writing to the OCS Residential Child Care Coordinator. If additional services are needed beyond the approved two-week period, the facility must contact the OCS Residential Child Care Coordinator for approval to continue services. Funding will not be approved for administrative expenditures.

Child's Name	Child's Date of Birth	Child's Medicaid #
Date child was placed at RCC facility	Placed by: <input type="checkbox"/> OCS <input type="checkbox"/> DJJ <input type="checkbox"/> Police <input type="checkbox"/> Other/Describe _____	
Length of time (not to exceed 2 weeks) for which services are requested.		
Briefly describe the specific services this child needs.	Services required: <input type="checkbox"/> School days only <input type="checkbox"/> 7 days/week	
_____ Current # of Children in Facility                      _____ Facility Capacity _____ Current staff-to-child ratio for shift(s) affected		
<b>Services will be provided by:</b> <input type="checkbox"/> Regular Agency Employee <input type="checkbox"/> On-Call Worker <input type="checkbox"/> Contract Employee <input type="checkbox"/> Other/Describe _____		
<b>Discharge plan:</b> <input type="checkbox"/> Home <input type="checkbox"/> Foster care <input type="checkbox"/> AYI <input type="checkbox"/> Higher Level of RCC <input type="checkbox"/> Other/Describe _____                      Anticipated Date of Discharge _____		
Average hourly wage paid to childcare workers at facility \$_____		
Hourly Wage Requested \$_____                      # of hours/day services to be provided _____		
Total amount of funds requested to provide these services \$_____		

**OCS USE ONLY**

Date Request Received	Reviewed by	Date Reviewed
Request is complete <input type="checkbox"/> Yes <input type="checkbox"/> No	Missing information/comments/follow-up	
Request is <input type="checkbox"/> Approved <input type="checkbox"/> Denied Amount of funds approved \$_____	Signature OCS RCC Coordinator	Date