

Authorization for Additional Absent Days

This form may only be used when a child is placed in a Medical or Youth Facility for longer than the 15 days authorized. It gives written permission for the facility to be paid the BRS rate for an additional 7 days in order to avoid disruption of the child's placement.

This form must be attached to the Monthly Attendance Report to request payment for any additional days.

| | | |
|--------------------------------|---------------------------|--------------------|
| Residential Childcare Facility | Name of Facility Director | Today's Date |
| Facility Address | | Facility Phone/Fax |
| Signature Facility Director | | |

REQUEST FOR ADDITIONAL ABSENT DAYS

| | | |
|---|--|---|
| Please authorize a bed beginning from _____ to _____ (maximum of 7 days) | | |
| Child's Name | Child's Birthdate | <input type="checkbox"/> OCS <input type="checkbox"/> DJJ |
| <input type="checkbox"/> Medical Facility Name | <input type="checkbox"/> Youth Facility Name | |
| Reason for bed authorization: <input type="checkbox"/> Child not ready for discharge <input type="checkbox"/> Court Order Placement | | |
| <input type="checkbox"/> Other/Explanation _____ | | |
| _____ Number of beds approved | _____ Signature Residential Child Care Coordinator | _____ Date |

EXTENDED 7-DAY AUTHORIZATION

| | | |
|---|--|------------|
| Please authorize an extension from _____ to _____ (maximum 7 days) | | |
| <input type="checkbox"/> Medical Facility Name | <input type="checkbox"/> Youth Facility Name | |
| Reason for extension: <input type="checkbox"/> Child not ready for discharge <input type="checkbox"/> Court Order Placement | | |
| <input type="checkbox"/> Other/Explanation _____ | | |
| _____ Additional # of days approved | _____ Signature Out of Home Care Program Officer | _____ Date |