Date Request Initiated:       Initiated by (Name):       Division:

**Child Information:**

Name (First and Last):       DOB:       Gender:       PID:

**Proposed Placement:**

Name/Facility:       Placement Date:       [ ]  Actual [ ]  Estimated

Address:       City:       State:       Zip Code:

**Reason for Request**: Include a brief explanation/rationale in support of the joint funding request and supporting documentation as applicable (e.g. ART, PAC Plan/Decision, Court Order, Assessments, Other):

**Active DSCYF Staff:** Check if Active, Enter Staff and Supervisor Names

[ ]  DFS Case Manager       / Supervisor

[ ]  DPBHS Care Coordinator       / Supervisor

[ ]  DYRS Probation Officer       / Supervisor

­­­Section below to be completed by Approving Joint Funding Division Representatives only:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Approving Joint Funding Division Representative** | **Date Signed** | **Percentage Payment per Division** | **Effective Funding****Start Date:** | **Proposed Ending Date, if applicable:** |
|  DFS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Foster Care Program Manager | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date | \_\_\_\_\_\_\_\_% | \_\_\_\_\_\_\_\_\_\_\_\_Date | \_\_\_\_\_\_\_\_\_\_\_\_Date |
| DPBHS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Psychology Manager for the Child and Family Care Coordination Unit  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date | \_\_\_\_\_\_\_\_% | \_\_\_\_\_\_\_\_\_\_\_\_Date | \_\_\_\_\_\_\_\_\_\_\_\_Date |
| DYRS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chief of Community Services  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date | \_\_\_\_\_\_\_\_% | \_\_\_\_\_\_\_\_\_\_\_\_Date | \_\_\_\_\_\_\_\_\_\_\_\_Date |

Special Conditions/Considerations and/or ICT involvement:

|  |
| --- |
| **Fiscal Information (Per Diem Rates)** |
| Service Room/Board/Treatment or Unit Cost:       |  |
| Education (list rate or N/A):       |  |
|  [ ]  Annualized |  |
|  [ ]  Based on School Calendar/ Dates of Attendance |  |

**Distribution:** Each Division Case Manager/Care Coordinator/Probation Officer, each Approving Joint Funding DivisionRepresentative, each Division Billing Representative and Joint Funding Fiscal representative