

III. Funding Request

Check items 1-4 below to indicate the type(s) of funding being requested. Provide detailed information about how each type of requested funding will be used and the entities / providers that may use authorized funds to deliver services. **Please note: funding may not be authorized until provider(s) of services have been identified and the child/youth has been accepted for service provision by the provider(s).**

<input type="checkbox"/> 1. Care Coordination/Wraparound to prevent custody relinquishment or for a relinquished child/youth.	
Provider(s) of service(s):	Amount: \$
<input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days Start date: ___/___/___ End Date: ___/___/___	
Detailed description of how funds will be used:	
<input type="checkbox"/> 2. In-home and/or community supports to prevent custody relinquishment.	
Provider(s) of service(s):	Amount: \$
<input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days Start date: ___/___/___ End Date: ___/___/___	
Detailed description of how funds will be used:	
<input type="checkbox"/> 3. In-home and/or community supports for a relinquished child/youth transitioning to a community setting.	
Provider(s) of service(s):	Amount: \$
<input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days Start date: ___/___/___ End Date: ___/___/___	
Detailed description of how funds will be used:	
<input type="checkbox"/> 4. Residential treatment and/or room and board for treatment to prevent custody relinquishment. <i>Residential treatment updates will be required every 30 days, regardless of authorized funding time period.</i>	
Provider(s) of service(s), including address:	Amount: \$
<input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days Start date: ___/___/___ End Date: ___/___/___	
List the referral source for residential placement, attach level of care and referral documentation.	Detailed description of how funds will be used:
<p>Estimated daily itemized costs associated with the residential funding request. Check and describe all that apply.</p> <input type="checkbox"/> Room & board: \$ _____ <input type="checkbox"/> Behavioral health treatment: \$ _____ <input type="checkbox"/> Other supportive services (i.e. 1:1 care): \$ _____ Description: _____	
<p>If financial support for residential treatment is authorized, describe how the applicant and family will begin to work on discharge planning upon admission; if the child/youth is already residing in a residential treatment setting at the time of application, describe how discharge planning will begin or continue upon notification of authorization of funding.</p>	

