COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR COMMUNITY BASED SERVICES

Residential Treatment Extension Request

Case number:	**Case name:**	**Name of the child:**
Date of birth/age:	**Current placement:**	**Placement date:**
Date memo submitted:	**Submitted by:**	

Placement History

Child	Resource	Date entered	Date moved

The following apply to this case:

☐ The child is age 13 years or older and has been placed in this residential treatment placement for 12 consecutive months or 18 non-consecutive months.

☐ The child is age 12 years or younger and has been placed in this residential treatment placement for more than six months.

A. Child and family relationship and status.
Permanency goal one:

Permanency goal two:

1. Briefly describe the child's status in treatment and progress towards obtaining permanency. Explain any disconnect between current situation and the identified permanency goals**:**

2. Briefly describe the family's progress towards reunification and provide an overview of the barriers present:

3. Briefly describe the family's current involvement in the child's services and the extent of ongoing contact:

B. Justification for continued placement in residential treatment (past timeframes for placement in residential treatment established by the Family First Prevention Services Act):

1. Briefly describe, in detail, the services the child currently receives in residential treatment (i.e., types of services, frequency, etc.) and why services could not be provided in a less restrictive setting:

2. Briefly describe, in detail, current concerns prompting continued placement:

3. Briefly describe the status of discharge planning and provide a brief overview of steps taken to transition the child back to a family setting:

C. Include the following therapeutic plan from the child's current treatment provider:

1. What does the child need to demonstrate behaviorally to be ready to step down into a family setting?

- Concrete identification of behaviors with goals and measurable objectives.

2. What does the child need to demonstrate behaviorally to take the next steps toward discharge (ex. ID family, gradual transition, family therapy)?

- Concrete identification of behaviors with goals and measurable objectives.

3. What are the child’s next steps toward readiness for discharge?

4. What is the projected date of discharge?

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Title IV-E Agency Head Determination:

Determination date:

Title IV-E Agency Head Recommendations:

- ☐ Continue treatment.
- ☐ Integrate identified placement/family into current services (i.e., family therapy sessions, visitation, etc.).
- ☐ Facilitate family team meeting with the provider to clarify focus of services and/or discharge planning (what is needed for discharge).
- ☐ Begin seeking placement - Update DPP-886A and send statewide to appropriate placement/treatment settings.
- ☐ Include family/identified placement in discharge planning.
- ☐ Establish a discharge plan that entails a gradual, supported transition to identified placement.
- ☐ Implement a discharge plan that entails a gradual, supported transition to identified placement.
- ☐ Provide monthly updates to the family first specialist in the Out-of-Home Care Branch on the status of the transition until the child has discharged from residential treatment.
- ☐ Request consultation with the family first specialist in the Out-of-Home Care Branch and follow-up as indicated.
- ☐ Request consultation with the Clinical Services Branch and follow up as indicated.
- ☐ Other: