

# DIVISION OF PROTECTION AND PERMANENCY

## SPECIAL EXPENSE REQUEST FORM

### Request for Authorization

|   |   |
|---|---|
| Office of the Director<br>Division of Protection and Permanency | Office of the Commissioner<br>Department for Community Based Services |
|   |   |

### Requested Expense

| Payment for Decertified Days at Out-of-State Treatment Center | Single Case Agreement for DCBS Payment for Out-of-State Placement | DCBS Payment for 1:1 Staffing | DCBS Payment for Supportive Services in Foster or Residential Placement | Special Expense Request |
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### Summary of Request

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|---|------|----------|--------|
| Office of the Director, Division of Protection and Permanency | Date | Approved | Denied |
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| Office of the Director, Division of Administration & Financial Management | Date | Approved | Denied |
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| Office of the Commissioner<br>Department for Community Based Services | Date | Approved | Denied |
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