

# DIVISION OF PROTECTION AND PERMANENCY

## SPECIAL EXPENSE REQUEST FORM

### Request for Authorization

Office of the Director Division of Protection and Permanency	Office of the Commissioner 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

### Summary of Request

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