



**CABINET FOR HEALTH AND FAMILY SERVICES**  
**Department for Community Based Services**  
**Division of Protection and Permanency**

To: \_\_\_\_\_, DPP Director

Through: \_\_\_\_\_, OOHC Branch Manager

Through: \_\_\_\_\_, OOHC Branch FFPSA Specialist

Through: \_\_\_\_\_, SRA

Through: \_\_\_\_\_, FSOS

From: \_\_\_\_\_, SSW, \_\_\_\_\_ County

Date:

Subject: Residential Treatment Extension Request Regarding:

Child's name:

Date of birth:

TWIST #

Current placement:

Date of placement:

The following apply to this case:

Child is age 13 or older and has been placed in a residential treatment program for 12 consecutive months or 18 non-consecutive months.

Child is under the age of 13 and has been placed in a residential treatment program for more than six months.

**Please provide a brief explanation of child and family's current situation:**

**Please provide justification for the child's continued placement in residential treatment despite the change in the child's level of care:**

**Include the following supporting documentation:**

Therapeutic plan from the child's current treatment provider, to include the following, at minimum:

- 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.
- 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.
- What are the child's next steps toward readiness for discharge?
- What is the projected length of time for the child to be ready for discharge?

DCBS Division of Protection and Permanency Director

Approved;  
Denied

Expiration Date

**Comments/recommendations:**

cc:  
SRCA  
Regional FFPSA Liaison  
Court  
Case File