### Approval Request (check appropriate box):

- [ ] Policy (policies that require an administrator approval)
- [ ] Additional Costs
- [ ] Camp / Funding
- [ ] Exceptional Cost Foster Care (ECFC)
- [ ] CPA case aides (above 40 hours)
- [ ] Policy Exception
- [ ] Additional funding (allowed per policy, but not ECFC)
- [ ] Day Care
- [ ] Placement with Unlicensed Caregiver pending approved Home Study
- [ ] School Transportation (attach billing form)

### POLICY NEEDING AN APPROVAL OR EXCEPTION (PROVIDE POLICY NUMBER AND TITLE)

<table>
<thead>
<tr>
<th>CHILD'S NAME AND PERSON ID NUMBER</th>
<th>DATES FOR WHICH EXCEPTION IS REQUESTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>CASE NUMBER</td>
<td>From:</td>
</tr>
<tr>
<td>OFFICE</td>
<td>To:</td>
</tr>
</tbody>
</table>

### CASE NAME / AGENCY (AS NECESSARY)

<table>
<thead>
<tr>
<th>PROVIDER NAME AND ID NUMBER</th>
<th>SERVICE REQUESTED</th>
<th>RATE</th>
<th>NUMBER OF MONTHS</th>
<th>COST</th>
</tr>
</thead>
</table>

### 1. Brief description justifying the type of request needed (child’s behavior, policy, camp, denial from Medicaid for items recommended by medical professionals, private school, home schooling or alternative learning education, School Transportation cost share, etc.):

### 2. Brief detailed descriptions of alternatives explored (if applicable):

### 3. Previous Administrative Approvals for Exceptional Cost Foster Care for this case:

- [ ] Yes
- [ ] No

- Addional funding not ECFC:

  - [ ] Yes
  - [ ] No

Detail of approvals:

### 4. Exceptional Cost Foster Care: This section is completed only when requesting to reimburse a foster parent, because the child’s behavior differs substantially from the behavior(s) of most children of the same age and the behavior(s) are above the level 4 supervision needs. If funds are paid to a CPA (as pass through reimbursement) for a foster parent, the total amount of those funds must be provided to the foster parent by the CPA. **Nothing in this**
section shall modify or supersede terms set forth in the CPA contract.

| CPA foster home: | Yes | No |

### A. Basic Foster Care Rate

### B. Level 2, 3, 4, Foster Care Rate

### C. Total Special Supervision (also include clothing, diet, equipment, other): Provide detail of what the foster parent is doing to meet the supervision needs of the child not captured on the rate assessment:

### D. Total Non-Maintenance (respite, classes, special therapy, therapeutic activities, other): Provide detail of what the foster parent is doing to meet the needs of the child not captured on the rate assessment:

### E. Total Reimbursement to the foster home

### F. If more than one exceptional cost plan in a foster home, provide description of what they are for and how much they cost:

### Office Action (as needed)

| CA STAFF NAME | CA STAFF SIGNATURE | DATE |
| SUPervisor NAME | SUPERVISOR SIGNATURE | DATE |

[ ] Approved  [ ] Denied

### Regional Office Action (as needed)

| AREA ADMINISTRATOR NAME | AA SIGNATURE | DATE |

[ ] Approved  [ ] Denied

### Regional Office Action (as needed)

| REGIONAL ADMINISTRATOR / DESIGNEE NAME | RA / DESIGNEE SIGNATURE | DATE |

[ ] Approved  [ ] Denied

### Headquarters Office Action (as needed)

| DIVISION DIRECTOR NAME | DD SIGNATURE | DATE |
| [ ] Approved  [ ] Denied

COMMENTS (HOME SCHOOL APPROVAL FOR LICENSED CAREGIVERS SEND COPY TO HQ DLR)