

DDA / CA Request to Cost Share

		DATE
CHILD'S NAME		DATE OF BIRTH
DDA ID NUMBER	DDA SOCIAL WORKER'S NAME	
FAMILINK ID NUMBER	CA SOCIAL WORKER'S NAME	
DDA REGIONAL CONTACT PERSON		CA REGIONAL CONTACT PERSON
<p>BASIS FOR DDA ELIGIBILITY Diagnosis: ICAP? <input type="checkbox"/> Yes <input type="checkbox"/> No ICAP Review Date:</p> <p>Does this child have a mental health diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe how the child's environment is being impacted by their mental health diagnosis.</p>		
CURRENT MEDICATIONS	DOSAGE	Why are these medications prescribed?
CURRENT LIVING SITUATION		
SUMMARY OF PRESENTING ISSUES		
Is the child on the Voluntary Placement Services (VPS) wait list? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<p>SERVICES</p> <p><input type="checkbox"/> Skilled Nursing through MICP <input type="checkbox"/> Basic Plus Waiver <input type="checkbox"/> Core Waiver <input type="checkbox"/> No paid services from DDA <input type="checkbox"/> Individual and Family Services <input type="checkbox"/> CIIBS Waiver <input type="checkbox"/> Medicaid Personal Care hours per month</p>		
SSI \$	SSA \$	SSP \$
<p>Is there an open CPS or CWS case with CA? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:</p>		
<p>Why are you requesting DDA and CA financially share in the cost of this case?</p>		
<p>Summarize steps taken at the regional level for resolution:</p>		
<p>Has there been a staffing with headquarters program managers? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," please explain.</p>		

Are both DDA and CA Regional Administrators/designees in agreement to pursue cost share? Yes No
If "No," please explain.

DATES OF STAFFING

Who participated in the staffing?

Did DDA and CA come to any agreements on how to support this child/family? Yes No Explain:

Is the child receiving Early Support for Infants and Toddlers (ESIT) services? Yes No

Is the child currently enrolled in school? Yes No If "No," why not?

CURRENT SCHOOL NAME

CURRENT SCHOOL DISTRICT

Does this child have an IEP?

Yes No

Is there a current Positive Behavior Support Plan in place? Yes No If "No," why not?

Briefly describe a typical school day for this child: