

## DDA / DCYF Request to Cost Share

		DATE
CHILD'S NAME		DATE OF BIRTH
DDA ID NUMBER	DDA SOCIAL WORKER'S NAME	
FAMILINK ID NUMBER	DCYF SOCIAL WORKER'S NAME	
DDA REGIONAL CONTACT PERSON		DCYF REGIONAL CONTACT PERSON
BASIS FOR DDA ELIGIBILITY		
Diagnosis:		
ICAP? <input type="checkbox"/> Yes <input type="checkbox"/> No      ICAP Review Date:		
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.		
CURRENT MEDICATIONS	DOSAGE	Why are these medications prescribed?
CURRENT LIVING SITUATION		
SUMMARY OF PRESENTING ISSUES		
Has a request for Out-of-Home Services (OHS) been submitted for this child / youth? <input type="checkbox"/> Yes <input type="checkbox"/> No		
SERVICES		
<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		
SSI \$	SSA \$	SSP \$
Is there an open CPS or CWS case with DCYF? <input type="checkbox"/> Yes <input type="checkbox"/> No      Explain:		
Why are you requesting DSHS / DDA and DCYF financially share in the cost of this case?		
Summarize steps taken at the regional level for resolution:		
Has there been a staffing with headquarters program managers? <input type="checkbox"/> Yes <input type="checkbox"/> No      If "No," please explain.		

Are both DDA and DCYF 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 Behavior Support Plan in place?  Yes  No If "No," why not?

Briefly describe a typical school day for this child: