

CFFA WRAP-AROUND SERVICES AUTHORIZATION UAS 518 Form #5 Page 1 of 2

INDICATE APPLICATION TYPE WITH A CHECK (✓):

- In-Home Intensive Treatment (95)
- In- Home Case Mgt (71)
- Transportation Services (53)
- Other Reimbursable service (12)
- Summer Safety/Summer Enrichment (80)
- Crisis Intervention (24 or 47)
- Court appearance or testimony (88)

COUNTY NAME:

PARENT'S NAME: (LAST)

PARENT'S ADDRESS

(FIRST)

COUNTY CODE

PARENT'S CASE #:

PARENT'S PHONE #

FAMILY INFORMATION (LIST ALL CHILDREN IN THE HOME):

	LAST NAME	FIRST NAME	DOB	RELATIONSHIP TO PARENT	GENDER	RACE
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

PLACEMENT INFORMATION

CHILD'S NAME	PLACEMENT (Name or Agency)	ADDRESS	TELEPHONE #

COMPLETE FOR REPORTING PURPOSES ON THE PRIMARY PARENT:

- Marital Status: 1. Single 2. Married 3. Separated 4. Divorced 5. Widowed
- Education: 1. < HS 2. HS 3. Other: _____
- Race: 1. White 2. Black 3. Asian 4. Hispanic 5. Other: _____
- Income: 1. TANF 2. SSI 3. Employed: approximate mo. income _____
- Placement Reason: 1. Neglect 2. Phy. Abuse 3. Sex. Abuse 4. Emo. Abuse 5. Other
- Prior CPS Case: 1. No 2. Yes (reason): N P S E Other: _____
- Prior Placement: 1. No 2. Yes (reason): N P S E Other: _____
- Length of time case has been open: 1. <2 mo. 2. 2-6 mos. 3. 7-12 mo. 4. >1 year

Case Summary: (Specify documented service needs of the family):

INSTRUCTIONS:		COMPLETE THE APPROPRIATE COLUMN BASED ON APPLICATION TYPE. SEPARATE APPLICATIONS MUST BE MADE FOR EACH PROGRAM.	
<input type="checkbox"/> In-Home Intensive (Code 95)	In-Home Case Management <input type="checkbox"/> Code 71	Crisis Intervention <input type="checkbox"/> Code 24 Prevent Placement <input type="checkbox"/> Code 47 Behavioral Mgt.	<input type="checkbox"/> Summer Safety/Enrichment (Code 80)
Active Social Services Case Type (check one):	Active Social Services Case Type (check one):	Active Social Services Case Type (check one):	Active Social Services Case Type (check one):
<input type="checkbox"/> FC <input type="checkbox"/> ADOPTION	<input type="checkbox"/> FC <input type="checkbox"/> ADOPTION	<input type="checkbox"/> FC <input type="checkbox"/> ADOPTION	<input type="checkbox"/> FC <input type="checkbox"/> ADOPTION
AUTHORIZATION AMOUNT:	AUTHORIZATION AMOUNT:	AUTHORIZATION AMOUNT:	AUTHORIZATION AMOUNT:
Clinical Services will be limited to a maximum of 180 days contracted at a rate of \$60 per hour plus mileage at a rate of \$0.28 cents per mile MAXIMUM AMOUNT PER FAMILY IS: \$ 3,500.. The cost of any associated transportation is included in this maximum.	The contracted rate for professional services is \$45.00 per hour, and paraprofessional services is \$30 per hour, plus mileage at a rate of \$0.28 per mile. MAXIMUM AMOUNT PER FAMILY IS: \$ 5,000. The cost of any associated transportation is included in this maximum.	The contracted rate is \$60.00 per hour for professional services and \$30.00 per hour for paraprofessional family services. Transportation of the client is reimbursed at \$0.28 per mile.	A maximum of \$252.00 per child per summer.
<input type="checkbox"/> Transportation Services (Code 53) Active Social Services Case Type (check one):	<input type="checkbox"/> Per diem – professional court appearance (Code 88) <input type="checkbox"/> Per diem – paraprofessional court appearance (Code 88) Active Social Services Case Type (check one):	<input type="checkbox"/> Other Reimbursable Service (12) Check Case Type	
<input type="checkbox"/> FC <input type="checkbox"/> ADOPTION	<input type="checkbox"/> FC <input type="checkbox"/> ADOPTION	<input type="checkbox"/> FC <input type="checkbox"/> Adoption <input type="checkbox"/> Other	
AUTHORIZATION AMOUNT: \$.28 per mile for client transportation services, billed from provider residence, official business address, or county DFCS custody county, whichever is nearer to the destination point.	AUTHORIZATION AMOUNT: The contracted rate is \$50.00 per hour for a professional court appearance or testimony, if required more than sixty (60) days after the Assessment date referred. The contracted rate is \$50.00 per hour for a professional court appearance or testimony, if required more than sixty (60) days after the Assessment date referred.		MUST EXPLAIN
		SIGNATURE OF APPROVING AUTHORITY	DATE
ROUTING INSTRUCTION: ORIGINAL REMAINS IN CASE RECORD -- COPY TO LOCAL COUNTY ACCOUNTING UNIT			

REFERRAL FOR WRAP-AROUND SERVICES

FORM # 6 Page 1 of 2

Indicate Application Type (Check all that apply)

<input type="checkbox"/> In-Home Intensive (Code 95)	<input type="checkbox"/> In-Home Case Management (Code 71)
<input type="checkbox"/> Crisis Intervention (Code 24)	<input type="checkbox"/> Transportation Services (Code 53)
<input type="checkbox"/> Crisis Intervention (Code 47)	<input type="checkbox"/> Summer Safety/Enrichment (Code 80)
<input type="checkbox"/> Court Appearance or Testimony (Code 88)	<input type="checkbox"/> Other Reimbursable Service (Code 12)

Maltreatment (check all that apply): Physical Neglect Sexual Emotional
 Other

County Name _____ County Code: _____
 Parent's Name _____ Parent's Case # _____
 Parent's Address _____
 Parent's Telephone # _____

DFCS Foster Care Case manager: _____ Phone/Fax/Pager: _____

DFCS Supervisor Name: _____ Phone/Fax/Pager: _____

CASA Name: _____ Phone/Fax/Pager: _____

FAMILY INFORMATION (LIST ALL MEMBERS IN THE PARENT'S HOUSEHOLD):					
Last Name	First Name	DOB	Relationship To Parent	Gender	Ethnicity

Ethnicity: B--Black W--White A--Asian AI--American Indian or Alaskan Native
 H--Hawaiian or Pacific Islander U--Unable to Determine HL--Hispanic/Latino Origin: HLU--Unable to Determine

PLACEMENT INFORMATION			
Child's Name	Placement (Name or Agency)	Address	Telephone #

REFERRAL FOR WRAP-AROUND SERVICES FORM # 6 Page 2 of 2

Family strengths: _____

Documented needs of the family: _____

Date of Removal: _____ Reason Child Was Removed: _____

Referred to (Name of Provider): _____

Referral Date: _____

Expected Service and Family or Child Outcome: _____

Expected Cost of Services Authorized: _____

Print Name--Person Completing Form/Signature:

Comments (use additional sheet as necessary):