

SERVICES APPROVAL FORM

Montgomery County Human Services Planning & Development Family Centered Services & Supports

Claim # _____ (Filled by HSPD Staff)

Date: _____

Lead Agency Requesting Family-Centered Supports & Services between

Agency:

Staff Contact:

Phone:

Fax:

Email:

Youth Needing Family Supports

Youth Name:

Date of Birth:

Legal Custodian Name:

Relationship:

Request Type:

Initial Request

Continuation Request

Family Services Plan Meeting Date:

FUNDING REQUEST

1. Name of Service needed for the Child/Youth:

ELIGIBLE SERVICES CODES:

- | | |
|--|---|
| 001 - non-clinical in-home parent/child coaching | 007 - Social/ Recreational supports |
| 002 - non-clinical parent support groups | 008 - Safety and adaptive equipment |
| 003 - Parent Education | 009 - Structured activities to improve family functioning |
| 004 - Mentoring | 010 - Parent advocacy |
| 005 - Respite care (including summer camp) | 011 - Service coordination |
| 006 - Transportation | 012 - Other |

Identified Need (See below)	Service Code (See above)	Description of Service	Quantity	Unit Cost	Total Cost
Total Request					

**If you need to request additional items, attach a separate sheet.*

Coding for Identified Needs: For each funding request, select the need addressed from the list below.

- | | | |
|--------------------------------------|---------------------------|---|
| A. Developmental Disabilities | E. Alcohol/Drug | I. Special Education |
| B. Child Abuse | F. Unruly* | J. Poverty |
| C. Child Neglect | G. Delinquent | K. Help Me Grow - Early Intervention |
| D. Mental Health | H. Physical Health | L. Autism Spectrum Disorder |

**If a child is deemed unruly, a process will be put in place to include methods to divert the child from the juvenile court system.*

FUNDING AND SERVICES APPROVAL

**FAMILY AND CHILDREN FIRST COUNCIL (FCFC) FUNDS WILL BE UTILIZED
FOR AN ACTIVE CASE IN FCFC SERVICE COORDINATION.**

Agency Signature: _____

Date: _____

The above signed acknowledges that any modification (increase or decrease) to this request must be submitted to the Human Services Planning & Development Department (HSPD) via the FCSS Modification Form with any supporting documentation attached.

The above signed also acknowledges that failure to comply with HSPD requirements to submit invoices within 30 days of the end of the service month will result in the unspent balance of this request being released for other FCSS requests in the county. _____(initial)

HSPD Approval: _____

Date: _____

Date Approval Sent to Lead Agency: _____