



Communities Connected for Kids Non-Subcontracted Circuit 19 Client Service Need(s) Request Form

ALL of the below listed items must be submitted by the Circuit 19 Dependency Case Management Organization (DCMO) and/or the Circuit 19 DCF Protective Investigations Unit (PI), in their entirety, to the Communities Connected for Kids Contracts Department for review and evaluation *prior* to service scheduling/rendering. If approved, Communities Connected for Kids will issue to the indicated vendor/provider a subsequent Letter of Intent Payment Authorization (LOI). The associated client case DCMO Program Director, DCM/PI Supervisor and the specific DCM/PI will be advised of the vendor/provider notification in order to subsequently schedule indicated services.

PART I – Circuit 19 Case Related Information

Services requested for client name(s):

Client Social Security #:

FSFN Case ID:

Client has Medicaid: Yes No

Client's relationship to child(ren) in the Circuit 19 case:

PART II – Requested Vendor/Service Provider Information

1. If the service need is outside of the Circuit 19 CBC (Communities Connected for Kids) geographic area of jurisdiction, please indicate if the requested vendor/service provider provides the requested service through the Community Based Care (CBC) organization governing the area where the services are to occur.

Not Provided Yes – provided by CBC:

Date contacted:

Name of person spoken with:

2. Please provide the following information regarding the requested vendor/service provider:

A. Requested vendor/service provider's full name:

B. Requested vendor/service provider's physical location of organization/business:

Street address:

City, State, Zip:

C. Requested vendor/service provider's Tax ID #:

D. Requested vendor/service provider's specific contact person's information:

Name:

Title:

Telephone #:

Email:

E. Requested vendor/service provider's Proof of Current Licensure is attached? Yes No

AND

F. Requested vendor/service provider's current Certificate of Insurance is attached? Yes No
(minimum general liability & professional liability coverage)



State below the specific service need (price, # and/or duration of service, & total cost requested)

Was a written quote obtained from the requested vendor/service provider?

Yes – attached

No – forthcoming

Name of Service Requested	Unit Type	Unit Cost	Number of Units Requested	Total Cost

G. Are the services court ordered? Yes No

H. Is the court order attached? Yes No

PART III – Additional Information Associated with Request for Service(s)

1. What other community resources or agencies have been contacted to assist with this service need/request?
Why were these other resources/agencies' services NOT utilized?

2. What is the placement status of the child(ren)?

In Home

Out of Home

3. What is the current primary permanency goal of the child(ren) associated with this case and/or need for this service?

Reunification

Adoption

TPR

Other

4. How will the services requested herein promote completion of the child(ren)'s permanency goal and/or the associated case plan?

5. Additional comments/notes:

DCM/CPI Printed Name: _____

DCM/CPI Signature*: _____ **Date Signed:** _____

DCM/CPI Supervisor Signature*: _____ **Date Signed:** _____

DCM Program Administrator Signature*: _____ **Date Signed:** _____

*By signing above, you are signifying that the entire packet & associated documents have been prepared for submission, are true & correct to the best of your knowledge, and have undergone a thorough internal review process before submission to Communities Connected for Kids.