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| **Request for Extension of Approval of**  **Rehabilitation and Community-Based Services (Section 28)** |

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| Name of Child/Youth: |  |
| MaineCare ID: |  |
| Parent/Guardian Address: |  |
| Date of this Request: | Click or tap to enter a date. |
| Original Case ID: |  |
| Updated Functional Assessment Score: |  |
| Date Administered: | Click or tap to enter a date. |

This is a request for an Extension of the Approval for an additional 180 days.

Please explain what services or natural supports have been attempted to address the referral behavior. Please document if the child has been involved with crisis, inpatient services, or residential care while waiting for community-based services.

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| I am requesting an Extension of Approval because: |

If approved, this extension is effective for 180 days. If the youth is not served at the end of those 180 days, a new extension will be required.

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| Provider Signature and Agency: |  |
| Date: | Click or tap to enter a date. |
|  |  |
| Parent/ Guardian Name: |  |
| Parent/Guardian Telephone: |  |