

RESIDENTIAL PLACEMENT EXCEPTION REQUEST

Michigan Department of Human Services

Date Completed:

County:

ALL SECTIONS OF THIS FORM ARE MANDATORY.

Date of Initial Residential Placement:

Anticipated date for this placement request:

Anticipated length of stay for this placement request:

CHECK the Type of Residential Placement Exception Request Being Made:

NOTE: There should only be more than one INITIAL residential exception for a child if the child is discharged to a community placement for 61 or more days and the child returns to residential.

County Approval

- | | | |
|-----------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Initial | <input type="checkbox"/> 3 Months | <input type="checkbox"/> Placement Exceeds 75 miles |
| <input type="checkbox"/> 6 Months | <input type="checkbox"/> 9 Months | |

CWFO Approval

- | | |
|--|---|
| <input type="checkbox"/> 12 Months | <input type="checkbox"/> Beyond 12 Months |
| <input type="checkbox"/> Change in Residential Placement | <input type="checkbox"/> Pre-Ten: Begin Date: _____ End Date: _____ |

I. CASE INFORMATION

Child's Name		Date of Birth
Legal Status		
Federal Permanency Goal		
Date entered care	SWSS FAJ Log ID	Case Number
Total number of placements since the date entered care (not including this placement):		
Date MiTeam held – Attach report for this placement request	Date of most recent face-to-face contact with child	
Were MiTeam recommendations implemented? If No, explain: <input type="checkbox"/> Yes <input type="checkbox"/> No		

II. CASE WORKER CONTACT INFORMATION

Supervising Agency <input type="checkbox"/> DHS Direct <input type="checkbox"/> PAFC Provider: _____		
Name of DHS caseworker/DHS Monitor	Contact Phone Number (DHS Direct or PAFC)	E-mail Address (DHS Direct or PAFC)
Supervisor Name (DHS Direct or PAFC)	Supervisor Contact Phone Number (DHS or PAFC)	Supervisor E-mail Address (DHS or PAFC)

Child's Name	Date of Birth	SWSS FAJ Log ID
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2. Provide the results of the fetal alcohol spectrum disorder (FASD) pre-screening.

- Placement of children less than ten years of age in residential or other institutional settings will not be authorized for more than three months.
- This child's treatment needs must be reassessed every 90 days, including consideration of the most appropriate and least restrictive placement setting available to meet the child's treatment needs. The assessment must be documented in the Updated Service Plan.
- Attach the most recent Service Plan (ISP/USP) and, if applicable, the RISP/RUSP to this request.

PROGRESS UPDATES SINCE LAST PLACEMENT EXCEPTION REQUEST

1. Please describe in detail the child's recent behaviors and progress in the program since the last request, that necessitates continued residential placement:

2. Seclusion and restraint numbers for last 3 months:

- Attach the most recent Service Plan (ISP/USP) and the RISP/RUSP to this request.

Child's Name	Date of Birth	SWSS FAJ Log ID
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IV. SIGNATURES REQUIRED FOR SUBMISSION

Foster Care/POS Monitor/JJ Worker Name	Foster Care/POS Monitor/JJ Worker Signature	Date
Supervisor Name	Supervisor Signature	Date
DHS Monitor Supervisor Name (if applicable)	DHS Monitor Supervisor (if applicable) Signature	Date
Section Manager Name(if applicable)	Section Manager (if applicable) Signature	Date
District Manager Name(if applicable)	District Manager (if applicable) Signature	Date

V. Urban Child Welfare Director/County Director – Decision (Approval required at all levels Initial, 3, 6, 9, 12 month and subsequent reviews)

Approved
 Approved with the following conditions:
 Denied due to the following circumstances:

 Urban Child Welfare Director/Non-Urban County Director Signature _____
Date

VI. Bureau of Child Welfare Field Operations Director – Decision: (Approval required at levels 12 month and subsequent 90 day reviews and Pre-Ten waivers.)

Approved
 Approved with the following conditions:
 Denied due to the following circumstances:

 Director, Bureau of Child Welfare Field Operations Signature _____
Date

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

cc: Local DHS Director
Private Agency (if applicable)