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							
☐ Initial		3 Months		☐ Placement Exceeds 75 miles			
☐ 6 Months		9 Months					
CWFO Approval							
12 Months		Beyond 1	2 Months				
☐ Change in Residential Placemer	nt 🗌	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		Log ID		Case Number			
Total number of placements since the date entered care (not including this placement):							
Date MiTeam hold. Attack report for this placement request.							
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:							
☐ Yes ☐ No							
II. CASE WORKER CONTACT INFORMATION							
Supervising Agency DHS Direct PAFC Provider:							
Name of DHS caseworker/DHS Monitor	seworker/DHS Monitor Contact Phone Number (DHS Direct or PAFC) E-mail Address (DHS Direct or PAFC)			E-mail Address (DHS Direct or PAFC)			
Supervisor Name (DHS Direct or PAFC) Supervisor Contact Phone PAFC)		e Number (DHS or	Supervisor E-mail Address (DHS or PAFC)				

Child's Name		Date of Birth	Date of Birth						
_	RESIDENTIAL PLACEMENT (Ch	еск ан tnat арріу):							
_	Pre-Ten Waiver								
	<u>-</u>	am Not Under Contract with DHS							
Ш	Placement Outside of the Contra	cted Geographic Area							
	Placement Outside of the Contra	cted Bed Capacity							
	Placement of an Abuse/Neglect V	Vard into a Residential Foster Care -	- Juvenile	Justice Program					
	Placement of a Juvenile Justice V	Vard into a Residential Foster Care -	- Abuse/N	leglect Program					
	Age (Program Type Exception –	Non Pre-Ten Waiver)							
	One-on-One Supervision	Number of hours reques	ted	Hourly rate					
		Begin Date		End Date					
Тур	e of Residential Foster Care Facility								
Fac	ility Name								
Fac	ility Address								
Per	Diem	Provider Number	Service Co	ode					
\$									
1.	 List the child's diagnosis (Axis I-V, DSM IV TR), Current medications; and any PRN (as needed) medication and frequency of use. Attach current copies of IEP, psychological tests/cognitive function assessment, behavior treatment plans, psychiatric reports, medication reviews, as applicable. 								
 List each placement for the child and indicate why each placement was not successful and/or factors contributing to disruption of placement. Include services provided to prevent replacements. 									
3.	 List efforts to locate less restrictive or other residential placement(s): list all referrals, including program name, person contacted, date of referral and reason for rejection: 								
4.	4. List the specific residential treatment components to meet the child's treatment needs at this facility.								
5.	5. Attach the most recent court order and Permanency Case Review Form (DHS-643).								
6.	6. Is a family identified as the next placement, and what efforts are being made by this county to assist the family in participating with child's program?								
PR	E-TEN WAIVERS ONLY (referer	nce DHS Policy, FOM 722-3). 90 da	y approva	als					
1.									

Child's Name	Date of Birth	SWSS FAJ Log ID	

- 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 <u>must</u> 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 <u>recent behaviors</u> 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 Lo	.og ID				
IV. SIGNATURES REQUIRED FOR SU	IBMISSION						
Foster Care/POS Monitor/JJ Worker Name		Foster Care/POS Monitor/JJ Worker Signature					
Supervisor Name	Supervisor Signature	Supervisor Signature					
DHS Monitor Supervisor Name (if applicable)	DHS Monitor Supervisor	DHS Monitor Supervisor (if applicable) Signature					
Section Manager Name(if applicable)	Section Manager (if app	Section Manager (if applicable) Signature					
District Manager Name(if applicable)	District Manager (if appli	District Manager (if applicable) Signature					
V. Urban Child Welfare Director/Cour and subsequent reviews) Approved	nty Director – Decision (App	roval required at all leve	ls Initial, 3, 6, 9, 12 month				
Approved with the following conditions:							
☐ Denied due to the following circumstances:							
Urban Child Welfare Director/Non-Urban Cour	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, beight							

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cc: Local DHS Director Private Agency (if applicable)