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| Transforming Lives | DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)DDA / DCYF Request to Cost Share |  |
| DATE |
| CHILD’S NAME | DATE OF BIRTH |
| DDA ID NUMBER | DDA SOCIAL WORKER’S NAME |
| FAMILINK ID NUMBER | DCYF SOCIAL WORKER’S NAME |
| DDA REGIONAL CONTACT PERSON | DCYF REGIONAL CONTACT PERSON |
| BASIS FOR DDA ELIGIBILITYDiagnosis:  ICAP? **[ ]**  Yes **[ ]**  No ICAP Review Date:  |
| Does this child have a mental health diagnosis? **[ ]**  Yes **[ ]**  NoIf yes, please describe how the child’s environment is being impacted by their mental health diagnosis. |
| CURRENT MEDICATIONS | DOSAGE | Why are these medications prescribed? |
| CURRENT LIVING SITUATION |
| SUMMARY OF PRESENTING ISSUES |
| Has a request for Out-of-Home Services (OHS) been submitted for this child / youth? **[ ]**  Yes **[ ]**  No |
| SERVICES**[ ]**  Skilled Nursing through MICP **[ ]**  Basic Plus Waiver **[ ]**  Core Waiver**[ ]**  No paid services from DDA [ ]  Individual and Family Services **[ ]**  CIIBS Waiver[ ]  Medicaid Personal Care hours per month |
| SSI**$** | SSA**$** | SSP**$** |
| Is there an open CPS or CWS case with DCYF? **[ ]**  Yes **[ ]**  No Explain: |
| Why are you requesting DSHS / DDA and DCYF financially share in the cost of this case? |
| Summarize steps taken at the regional level for resolution: |
| Has there been a staffing with headquarters program managers? **[ ]**  Yes **[ ]**  No If “No,” please explain. |
| Are both DDA and DCYF Regional Administrators/designees in agreement to pursue cost share? **[ ]**  Yes **[ ]**  No If “No,” please explain. |
| DATES OF STAFFING | Who participated in the staffing? |
| Did DDA and CA come to any agreements on how to support this child/family? **[ ]**  Yes **[ ]**  No Explain: |
| Is the child receiving Early Support for Infants and Toddlers (ESIT) services? **[ ]**  Yes **[ ]**  No |
| Is the child currently enrolled in school? **[ ]**  Yes **[ ]**  No If “No,” why not? |
| CURRENT SCHOOL NAME | CURRENT SCHOOL DISTRICT | Does this child have an IEP?**[ ]**  Yes **[ ]**  No |
| Is there a current Behavior Support Plan in place? **[ ]**  Yes **[ ]**  No If “No,” why not? |
| Briefly describe a typical school day for this child: |