

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

Name of Child/Youth: _____

MaineCare ID #: _____

Parent/Guardian Address: _____

Date of This Request: _____

Original Case ID: _____

Updated Functional Assessment Score: _____

Date administered: _____

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

I am requesting an Extension of Approval because: (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.)

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.

Provider Signature and Agency: _____

Date: _____

Parent/Guardian Name: _____

Guardian Telephone: _____