

## Request for Extension of Approval of Home and Community Based Treatment Services (HCT)

Name of Child/Youth: \_\_\_\_\_

MaineCare ID #: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

\_\_\_\_\_

Date of This Request: \_\_\_\_\_

Original Case ID: \_\_\_\_\_

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: \_\_\_\_\_