

Clarke County CSA Emergency Funding Request Form

See Clarke County Emergency Funding Request Policy for Criteria and Exceptions.

Date _____
Client Name _____
DOB _____
Case Manager/Agency _____
Currently Open to CSA Yes No

Please check all appropriate criteria and provide explanation below (only one is needed):

- Youth and/or family assessed as *High* or *Very High Risk* through the agency tool (i.e. Family Risk Assessment Tool).
- Youth and/or family has exhibited behaviors within the past 30 days that place the youth or another person at imminent risk of harm.
- Youth and/or family require services within the next 30 days to prevent removal, disruption, or additional harm to the youth or another person.

Explanation: (Include events leading to current situation and reason that immediate funding is necessary)

Behavior Description: _____

Duration: _____

Risk if service is delayed: _____

Risk to self or others: _____

Services for which funds are being requested: Emergency funding for children being placed in regular foster homes will receive both Basic Maintenance and Supplemental Clothing Allowance at the current established VDSS Rates. Enhanced Payment rates are additional and require the administration of a VEMAT.

Family Foster Care Only:

Date placed: _____ Resource Family: _____

Address: _____

Cost of Services: _____ Service Type: _____

Additional Other Services including TFC:

Emergency Funding may only be authorized through the end of the month that CPMT meets.

Service Name	Provider	Start Date	Unit Cost	Frequency	CSA Code

Anticipated Length of Service: _____ **Court order?** Yes No

Authorized Signatures: For Family Foster Care Basic Maintenance Payments, only DSS Director Signature is required. For one time payments less than \$200.00, only CSA Coordinator Signature is required. All other funding requests shall be authorized by both the CPMT Chairperson or his/her designee and the CSA Coordinator.

Authorized Signature / Title

Date

Authorized Signature / Title

Date

CSA Office Use Only					
Date Received		FAPT Date		CPMT Date	
Amount Approved			Funding Expiration		