

APPLICATION/APPROVAL FOR WRAP-AROUND FUNDING**APPLICATION**

Child's Name		Birthdate
Custodial Parent's Name		FACS ID #
Type of Placement	Location of Placement	
Child's County of Residence	IV-A Eligibility Date	
Region #	Referring Worker	
Check one: <input type="checkbox"/> DHS <input type="checkbox"/> JCS		

A. Funding Requested (List purchases requested, maximum payment rates and duration of request):

Services/Supports	Start Date/End Date	# of Units	Rate Per Unit	Maximum Cost (# of Units x Rate per Unit)
	-			
	-			
	-			
	-			
	-			
	-			
			<i>Total:</i>	

B. How Funding Will Prevent or Reduce Out-of-Home Placement:**C. Other Funding Sources Explored and Reason Not Available:**

D. Signatures:

Check one: <input type="checkbox"/> DHS Worker <input type="checkbox"/> JCS Worker		Date
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Check one: <input type="checkbox"/> DHS Supervisor <input type="checkbox"/> JCS Supervisor		Date
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APPROVAL

E. Funding Decision (Check one):

- ☐ Approved
- ☐ Modified (indicate modifications on application section)
- ☐ Denied, due to funding and placed on waiting list
- ☐ Denied, due to other reasons (please explain below)

F. Signature:

Regional Administrator or Designee	Date
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