Placement Authorization - Supervised Independent Living



## PURPOSE

To authorize a SIL provider to offer a SIL placement to a CPS young adult.

To describe the responsibilities, scope and limits of the caregiver’s authority.

To document the authorization.

## PROCEDURE

**When to Prepare**

The young adult’s worker prepares Form 2085SIL when placing a young adult in a SIL placement with a DFPS SIL provider.

**Number of Copies**

Complete an original and two copies.

**Transmittal and Form Retention**

The original is given to the caregiver. One copy is filed in the external paper case record for the life of the record. One copy is given to the young adult.

## DETAILED INSTRUCTIONS

Print or type all entries.

**Young Adult’s Name -** Enter the young adult's name as it appears on the court order.

**Person ID -** Enter the young adult's person identification number as assigned in IMPACT

**Medicaid Number -** Enter the young adult's Medicaid number.

**Date of Birth -** Enter the date of birth as it appears on the young adult’s birth certificate.

**County -** Enter the name of the county in which the petition was filed.

**Court Number -** Enter the number of the court with jurisdiction over the young adult.

**Cause Number -** Enter the cause number from the court order regarding the court jurisdiction.

**...authorizes \_\_\_\_\_\_\_\_\_\_\_ -** Enter name of the SIL provider.

**Signature -** This form must be signed and dated by the Young Adult, Caregiver, DFPS Caseworker and Supervisor. Print the Program Director's name and phone number.