



INTENSIVE PSYCHIATRIC TRANSITION PROGRAM EXTENSION (WAIVER) REQUEST

Purpose: The caseworker completes this form is to request an extension for a child or youth to remain in the child's or youth's current Intensive Psychiatric Transition Program (IPTP) placement.

Directions: The caseworker obtains program director approval and submits the approved and completed request to the IPTP state office program specialist.

CHILD'S OR YOUTH'S INFORMATION

Child's or Youth's Name:

Person Identification Number:

Date of Placement:

Name of Facility:

Child's or Youth's History and Diagnosis:

Provide details about the progress made while in the Psychiatric Transition Program:

Although the child has made progress, continued participation is needed for an additional 60 days beginning on (enter date). The following factors support authorizing this extension waiver request:



SIGNATURE	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Assistant Commissioner for CPS: X	Assistant Commissioner for CPS: