

**POST ADOPTION/GUARDIANSHIP SERVICES REVIEW COMMITTEE
REQUEST FOR ADDITIONAL SERVICES**

Child's Name: _____		Child's ID: _____	
Region of Origin: _____	Child's DOB: _____	Date of Adoption Finalization/ Transfer of Guardianship: _____	
Adoptive Parent(s) or Guardian(s): _____			
Phone Number of Parent/Guardian	Best Time to Call	Circle Available Days	
Work: _____	Beginning: _____ am /pm	End: _____ am / pm	S, M, T, W, TH, F, S
Home: _____	Beginning: _____ am /pm	End: _____ am / pm	S, M, T, W, TH, F, S
Other: _____	Beginning: _____ am /pm	End: _____ am / pm	S, M, T, W, TH, F, S
Mailing Address Street: _____	City: _____	State: _____	Zip: _____

Check all that Apply

- The family's written request for additional services and supporting documentation is attached.
- The Adoptive parent(s)/guardian(s) have been referred to and/or used community services to meet the child's needs. If checked, complete lines 1-8. Please check 'referral only' when a service was recommended to the family, but not utilized.

Date: Began - Ended	List: type of service and provider	Referral Only
1. _____ - _____	_____	<input type="checkbox"/>
2. _____ - _____	_____	<input type="checkbox"/>
3. _____ - _____	_____	<input type="checkbox"/>
4. _____ - _____	_____	<input type="checkbox"/>
5. _____ - _____	_____	<input type="checkbox"/>
6. _____ - _____	_____	<input type="checkbox"/>
7. _____ - _____	_____	<input type="checkbox"/>
8. _____ - _____	_____	<input type="checkbox"/>

(If additional space is needed, attach an additional page)

- A copy of the CFS 470-A, or CFS 481 Child Summary and the CFS 470C, or 482-A, Adoption Assistance or Subsidized Guardianship Agreement; OR a copy of the CFS 1800-C-A or CFS 1800-C-G, Agreement for Assistance are attached.
- The Subsidy Agreement has been amended, as allowed in policy. A copy (ies) of the amendment is/are attached.
- Supporting documentation from a duly licensed or credentialed professional of the child's identified needs is attached.
- A copy of the PR-04 screen is attached.

Additional comments pertinent to the child's needs or service provision:

Name of worker: _____ Phone number: (_____) _____ - _____

Date sent to committee: _____