# Attachment A: One-on-One Services Request Procedure

Social Services Administration

ONE-ON-ONE SERVICES: PROGRAM REQUEST FORM

# *Instruction: This form or format shall to be used by programs to request one-on-one services for DSS youth in accord with the procedure,*

# *One-on-One Services Request Procedure.*

## *YOUTH*

# Youth’s Name DOB CHESSIE#

## Case Manager County

## *PROGRAM*

Program Name Request Date

## Address

SYFIS Profile – Level of Care and Supervision \_High\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person Title

Phone Number Fax Number

*CASE REVIEW*

Date of Team Meeting \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Admit Date Case Manager Attended / By Phone: Yes/ No

1. Description of youth’s behavior or action(s).

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|  |

1. Description of the program’s strategies and efforts to manage the situation.

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3. Goals and objectives which the one-on-one services seek to accomplish and why they are not achievable without one-on-one services.

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|  |

Provider of the service, including qualifications and credentials.

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| Fenwick Behavioral Services, staff are trained in CPR/First Aid, CPI non-violent intervention techniques, MANDT intervention techniques, and have worked with our at-risk youth.  |

1. Definition of one-on-one service(s) to be provided and a clear statement of what the provider is able to do (such as: supervise, restrain, counsel, refocus).

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1. The daily time periods for which the service is sought.

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| --- |
|  M-F ( )Sat/Sun ( )Total hours/week= hours |

7. Unit cost and total cost for 30 days.

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| --- |
| Unit cost: $46/hour Cost from Total Billed= $ |

#### APPROVAL

## LDSS Assistant Director (or designee): \_\_\_\_\_\_\_\_\_\_\_\_\_ /s/ \_\_\_\_\_\_\_\_

 **Date**

**Social Services Administration: \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Date**

**EFFECTIVE DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#### DENIAL

## LDSS Assistant Director (or designee): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Date**

**Social Services Administration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Date**

**Denial Reason:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_