

### Authorization for Non-Custody Placement

This form is only to be used when a child is **not** in the custody of the Department of Health and Social Services. (DH&SS) It gives written permission for the Residential Child Care (RCC) facility to be paid the Behavioral Rehabilitation Services (BRS) rate for the placement and BRS treatment of a child not in custody. The Provider must obtain prior authorization from OCS's **Residential Care Coordinator**.

***This form must be attached to the Monthly Attendance Report to request payment.***

Child's Name	Date of Birth	Child's Medicaid #
Placement Requested by: <input type="checkbox"/> OCS <input type="checkbox"/> DJJ <input type="checkbox"/> Treatment Facility/Parents <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other		
Name and relationship of requestor: _____		
Facility in which child will be placed: _____		
Facility intake contact: Name: _____ Ph# _____		
Will this placement prevent the child from going out of state to a residential treatment program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is child returning from an out of state residential treatment program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(If yes, from what facility:) _____		
Has proper documentation been provided to OCS's RCC Coordinator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
____ Current # of Children in Facility           ____ Facility Capacity           ____ Number of <b>paid</b> community beds		
<b>Discharge plan:</b> <input type="checkbox"/> Home <input type="checkbox"/> Foster care <input type="checkbox"/> Lower Level of RCC		
Other/Describe _____           Anticipated Date of Discharge _____		
<b>OCS/DJJ USE ONLY</b>		
Date Request Received	Date Reviewed	
Signature OCS RCC Coordinator	Date	
<b>Parent/Guardian Agrees:</b>		
I/we have legal custody or guardianship of the above named child and voluntarily agree that the child be placed in a RCC facility granted by OCS, although supervision of the child will remain with the Parent/Guardian.		
_____ Signature of Parent/Guardian		
_____ Date		