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| DCF Logo New 2012 - circle version in black only | Residential Treatment Checklist (Regulation 4) – Outgoing From Florida to another state (Public Agency Request) |

[ ]  **Sending State Transmittal form (1 copy)**

[ ]  **100A – 1 copy**

 **Section I**

 [ ]  Completed showing sending agency or entity is responsible for planning for child and is financially responsible for child

#  Section II

 [ ]  Type of care requested, Residential Treatment Center

 **Legal Status**

 [ ]  Sending Agency Custody

 [ ]  Court Jurisdiction Only

 **Section III**

 [ ]  Signature of the sending agency/entity and date

[ ]  **100B – 1 copy (If the child has been placed without prior approval)**

 **Section I**

 [ ]  Demographic information is completed

#  Section II

 [ ]  Initial placement section is completed (including the date of child’s placement)

#  Section IV

 [ ]  Sending Agency/Entity signature/date

Packet Requirements (1 copy)

 [ ]  Letter of acceptance from the residential facility

 [ ]  Current court order or legal document [gives sending agency the authority to place the child or, if authority does not derive from court order, a written legal document executed in accordance with the laws of the sending state that provides basis for which the sending agency has authority to place the child and documentation that supervision is on-going or a copy of the voluntary placement agreement, as defined in Section 472 (f)(2) of the Social Security Act executed by the sending agency and the child’s parent or guardian]

 [ ]  Current case history for the child [includes custodial and social history, chronology of court involvement, social dynamics and a description of any special needs of the child]

 [ ]  Service (case) plan [service or permanency plan and any supplements to that plan, if the child has been in care long enough for a permanency plan to be required]

 [ ]  Financial/Medical Plan form [may be a form or a detailed letter from sending agency/entity which describes their responsibility for payment of the cost of placement in the facility, the name and address of the person or entity that will be making payment and the person or entity that will otherwise be financially responsible for the child. Medical coverage will need to be arranged and confirmed between the sending agency and the residential facility prior to placement.]

 [ ]  Title IV-E eligibility verification

 [ ]  Placement disruption agreement

 [ ]  Evidence of compliance with CFOP 155-10, paragraphs 4-9a through 4-9f