SAMPLE IN-STATE SERVICES REQUEST COVER MEMO

TO: *Receiving County*

FROM: *Sending CM/CTC Name, Position, Telephone #*

SUBJECT: *Request for (enter type of services*)

RE: *Enter Child(ren)’s Name(s) and Date(s) of Birth*

The above named child/children is currently under the supervision of Eckerd Community Alternatives. *Give a brief description of the status of the case:* The child/children were sheltered on due to allegations of . The child/children currently reside . The current goal of the Case Plan is . The parent’s level of compliance is The child’s special needs are .**Describe any special needs of the child(ren), including medical needs, physical handicaps, dietary requirements, allergies, medications, emotional problems (sexual acting out, violent or aggressive behavior, delinquency history, etc.). If the child is receiving SSI benefits note the dollar amount of these benefits. Also include their Medicaid number.**

We are requesting a Home Study /Courtesy Supervision/Case Plan assistance for . **Give the name/address/telephone number. NOTE: If you request a home study and the placement is made, you must follow up with an additional request for Supervision following placement. Let the receiving county know if the Court places the child without a HS or you have crossed County lines to complete the HS. \*\* it is expected that the receiving County will complete their own HS and provide recommendations that will also need to be filed with the court. If the Court has placed against recommendations of a HS, state that here as well.**

The documents attached to this request include **You MUST include the latest order showing the child’s current legal status and type of placement. Be sure to include the latest JRSSR/GM rec’s/and Judge’s order. If there has been no JR yet, state that here. If the JR has been held within the last few weeks and you do not have an order yet, include what you do have and state that no order is available yet, but will be provided.. \*\*\*Requests will be returned if the order or a sufficient explanation is not included\*\*\* Also, include the Case Plan and order, or explain why it is not available. Include any of the other documents on the transmittal form that are available to you.**

**Include any other information you feel will be helpful for the receiving counselor. Also, add any special requests, ie. Referrals for services, visits more frequently than monthly, other special assistance needed. Provide the names and contact information for physicians, services providers and counselors actively involved with the child(ren). Also provide Medicaid numbers for each child. If child has not been seen in the current month, request the need for the child to be seen before the end of the month.**

If any additional information is required, please call me at the number listed below.

Sincerely,

Case Manager’s Name Supervisor’s Name

Title Title

Work Telephone Number Work Telephone Number

Work Email Address Work Email Address