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|  | **PROGRAM REQUEST FOR ADDITIONAL FUNDING**  Youth Specific Contract Above BRS and CCO Covered Services | State of Oregon OREGON YOUTH AUTHORITY |

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| Provider Name | |  | Program Name |
|  | |  |  |
| Youth Name | |  | Referring JPPO |
| **Need:** | | | |
|  | Transportation Needs beyond routine medical, school, treatment | | |
|  | Medical Support beyond routine medical care (acute, chronic or terminal medication conditions) | | |
|  | Extra Skill Building to meet safety and wellbeing of youth and community (e.g., behaviorally unstable youth who cannot be managed by BRS level of supervision) | | |
|  | Enhanced Supervision — close supervision or additional staff (e.g., suicide risk, medically fragile) | | |
|  | Assessment — Psychological, Neurological, etc. | | |
|  | Transition Support Services (reach in or reach out) | | |
|  | Sexual Harming Behavior assessment and/or treatment | | |
|  | Other | | |
|  | | | |
| **Explanation of situation** | | | |
| What is the presenting issue that keeps the program from meeting youth’s needs? | | | |
|  | | | |
| **Detailed explanation of what program needs to meet the youth’s needs** | | | |
| Examples: funding for extra staff hours, mileage for transportation, 1:1 supervision during certain times | | | |
|  | | | |
| **Description of the service needed** | | | |
| How will service be provided, how long is service needed, and how will we know what / when outcomes are achieved? | | | |
|  | | | |
| **How will the service be tracked?** | | | |
| Program will provide documentation | | | |
|  | | | |
| **Emergency Situations / After Hours Requests** | | | |
| Have you received prior approval for service?  Yes  No  If so, how and by whom? (e.g., Field OD\*) Submit supporting documentation with invoice to CRU. | | | |
|  | | | |

\*NOTE: In emergency situations, Field OD approval is sufficient.

**APPROVAL MUST OCCUR PRIOR TO SERVICE BEING PROVIDED**

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| **Provider Signatures** |  | **OYA Signatures** |
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| Program Manager |  | JPPO |
|  |  |  |
| Executive Director (Signing Authority) |  | JPPO Supervisor |
|  |  |  |
|  |  | OYA Assistant Director, Community Services |

*Program submits completed form to JPPO and Community Resources Unit for review prior to Supervisor approval.*