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|  | **PROGRAM REQUESTFOR ADDITIONAL FUNDING**Youth Specific Contract Above BRS and CCO Covered Services | State of OregonOREGON 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 [ ]  NoIf so, how and by whom? (e.g., Field OD\*) Submit supporting documentation with invoice to CRU. |
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\*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.*