**SPECIAL SERVICES REQUEST FORM**

Date of Request:

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| **Name / Date of Birth of Children in Need of Special Services/Respite:** |

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| **Parent Name(s):** |

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| **Explain the Type of Special Services Requested:** |

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| **Describe the Special Needs/Problematic Issues of the Child and the Effect on the Child/Family:** |

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| **Explain how the requested Special Services funds will help the Family meet the Child’s Needs:** |
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| **Describe the Family’s Efforts to locate other Family or Community Resources to Meet the Need:** |

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| **Explain efforts to get Medical or Dental insurance coverage for the Special Service being requested (other than Respite):** |

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| **If the child receives a Specialized or Higher Adoption Assistance rate, explain why this amount is not able to cover the cost of Respite or another requested service:** |

**Attention Adoptive Parent - Please attach:**

**\*Documentation from a licensed professional regarding the service (medical, dental, orthodontic, psychological, etc.), which includes the reason for the service/treatment, the estimated length of service, cost of service, and whether Medicaid or Amerigroup covers any portion of the service. This documentation is required prior to the service being provided in order for the request to be processed.**

**\*Financial Statement (Form 44) – Indicating average monthly income and expenses**

**\*Written statement and any supporting documentation regarding efforts to locate other community resources**