

**Office of Provider Management
RBWO Program Designation and Waiver Application**

Section I.	
Date of Application:	Provider Name/Site (If Identified or Already Placed):
Type of Application <input type="checkbox"/> Initial <input type="checkbox"/> Renewal Requested Effective Date:	Applying For <input type="checkbox"/> Foster Parent Waiver Only (for BWO) <input type="checkbox"/> MWO <input type="checkbox"/> SBWO <input type="checkbox"/> SMWO <input type="checkbox"/> SMFWO <input type="checkbox"/> Other _____
Are you also applying for a foster parent per diem waiver? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Has an application for SSI been made? Yes (Provide Status) No (Provide Application Plan)
Status:

Section II: General Information		
Child's Name:		Child's SHINES ID #:
DOB:	Age:	Educational Status/Grade: <input type="checkbox"/> Regular <input type="checkbox"/> Special Education <input type="checkbox"/> Alternative School <input type="checkbox"/> GED Program <input type="checkbox"/> Provider School <input type="checkbox"/> Expelled <input type="checkbox"/> Other _____
Current Program Designation:	Current Per Diem Rate:	Grade:
Current Placement: <input type="checkbox"/> DFCS Foster Home <input type="checkbox"/> CCI <input type="checkbox"/> CPA <input type="checkbox"/> RYDC <input type="checkbox"/> PRTF <input type="checkbox"/> Home <input type="checkbox"/> Hospital <input type="checkbox"/> DJJ Placement <input type="checkbox"/> Other _____		
Is the child in the joint custody of DFCS and DJJ? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, is there a joint payment financial agreement with DJJ? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please attach financial agreement documentation from DJJ).		
Legal County:	Placement County:	
DFCS Case Manager Name:	DFCS Case Manager Phone:	DFCS Case Manager Email:
DFCS Case Manager Supervisor Name:	DFCS Case Manager Supervisor Phone:	DFCS Case Manager Supervisor Email:
If the application is being completed by a provider, Is a concur from the DFCS Case Manager attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, this application will be returned unprocessed.)		

Section III: CPA Foster Home Information	
Complete this section if you are requesting a caregiver per diem waiver	
Caregiver Name(s):	Date Child Placed with Caregiver:
Is a Caregiver Statement attached to the application? <input type="checkbox"/> Yes <input type="checkbox"/> No (A caregiver statement is input from the caregiver about the child's daily functioning, needs and efforts required to care for the child.)	
Please describe how the child's needs and daily functioning support the application request for increased caregiver per diem.	
Are other applications being made at this time for sibling's of this child? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please list name of sibling(s)).	

Section IV: Child's Needs

Select which category best describes the primary issue/severity level:

Medical

Mild Moderate Severe

Emotional / Psychological

Mild Moderate Severe

Behavioral

Mild Moderate Severe

Other _____

Mild Moderate Severe

Considering the services being provided to address the child's needs, how long do you expect the current conditions to exist? Temporary Issue (up to 3 months) Short-Term Issue (3- 6 months) Long-Term Issue (more than 6 months)

Extended Issue (more than 12 months)

Explain the nature of the Program Designation and/or Waiver request. Explain pertinent supporting facts including number of medical and therapy appointments in the last three (3) months and types of treatments.

Section V: Describe Child's Specific Functioning in the Areas Indicated Below (Include Challenges and Strengths)

Foster Home or CCI:

School :

Community:

Other:

List all regular and on-going services being provided to address the child's needs. Include frequency of appointments as applicable.

If any new services are anticipated , please describe and include start date.

Section VI: Child Needs and Behavior Checklist

	Does Not Exhibit or Unknown	By History	Rarely Exhibits	Occasionally Exhibits	Routinely Exhibits	Describe observations or incidents for exhibited behaviors
Toileting/Hygiene						
Encopresis - repeated passing of feces into places other than the toilet; behavior may or may not be done on purpose.						
Enuresis --repeated passing of urine in places other than the toilet; behavior may or may not be done on purpose.						
Hiding soiled clothing/bed linens						
Serious problems with personal hygiene						
Smearing and/or throwing of feces						
Other						

	Does Not Exhibit or Unknown	By History	Rarely Exhibits	Occasionally Exhibits	Routinely Exhibits	Describe observations or incidents for exhibited behaviors
Property Destruction						
Deliberately or impulsively destroying property including breaking windows, pictures, mirrors, damage to furniture, appliances, clothing, electronics, and vehicles.						
Preoccupation with fire						
Fire setting with intent to destroy property or injure others						
Other						

	Does Not Exhibit or Unknown	By History	Rarely Exhibits	Occasionally Exhibits	Routinely Exhibits	Describe observations or incidents for exhibited behaviors
Delinquent Behaviors						
Stealing, burglary, assault and/or battery						
Demanding and/or threatening						

Section VI: Child Needs and Behavior Checklist

	Does Not Exhibit or Unknown	By History	Rarely Exhibits	Occasionally Exhibits	Routinely Exhibits	Describe observations or incidents for exhibited behaviors
Difficulties with social interactions and/or communication (failure to speak, make eye contact...)						
Impulsive behaviors that present barrier to maintaining physical safety						
Inflexible; difficulty adhering to routines ; difficulty with transitions.						
Involvement with gangs and/or gang-like activities						
Limited ability to perform routine tasks of daily living such as chores and laundry						
Odd, bizarre or explosive actions, which pose a significant risk of harm to self or others						
Oppositional and defiant in the home and school setting						
Physical aggression and/or assault (hitting, kicking, spitting, attacking with or without a weapon, throwing objects) toward adults and/or other children with and/or without injuries						
Recurrent and/or severe self-injurious behaviors and/or suicidal behaviors that are under control						
Recurring involvement with Department of Juvenile Justice (DJJ)						
Refuses help with school work or tutoring						
Runs away: involvement in situations where high risk activities are likely to occur.						
Verbal aggression (Use of vulgar and/or provocative language)						
Withdrawn behavior, attention seeking behaviors that are excessive, constant complaining about physical ailments, nightmares, difficulty going to bed and/or refusal to stay in bedroom						
Other						
Substance Use						
Drinking and/or drug use which may have resulted in disciplinary actions and/or affect daily function						

Section VI: Child Needs and Behavior Checklist

	Does Not Exhibit or Unknown	By History	Rarely Exhibits	Occasionally Exhibits	Routinely Exhibits	Describe observations or incidents for exhibited behaviors
Educational Issues						
Failure and/or inability to learn						
History of explosive outburst in schools						
IEP with placement in specialized classes for behavioral or learning disabilities						
Requires adaptive learning tools						
Multiple school suspensions and disciplinary actions						
School attendance is poor, grades are poor, concentration is poor when in school; requires oversight from teachers, family and/or caregiver						
Several years behind in the development of age-appropriate knowledge of self-care or life skills						
Other						
Relationships						
Seems unable to form any meaningful friendships, is socially isolated and unable to enjoy activities with peers						
Other						
Emotional Health						
Fears, worries, and anxieties that affect daily activities; frequent and severe headaches, stomach aches and/or refusal to get out of bed						

	Does Not Exhibit or Unknown	By History	Rarely Exhibits	Occasionally Exhibits	Routinely Exhibits	Describe observations or incidents for exhibited behaviors
Frequent and/or uncontrollable behavioral outbursts and mood swings						
Other						
Mental Health						
Hearing voices and/or seeing things that are not there						
Homicidal and/or suicidal threats						
History of cruelty to other children						
Intentionally and/or maliciously cruel to animals						
Other						
Sexual Acting Out						
Highly sexualized behaviors, promiscuity, seeking inappropriate relationships with older persons, poor physical boundaries, often with history of sexual abuse and poor self esteem						
Sexual acting out with or without aggression that may be opportunistic, situational or planned						
Other						

Section VII: Medical Issues	Does Not Apply or Unknown	By History	Within Last 6 Months - Diagnosis or Treatment	Provide Supporting Information
Autism				
Blindness				
Body cast				
Cancer				
Cerebral Palsy				
Complete or partial paralysis (child weighing 20 pounds or more)				
Deafness or severe hearing impairment				
Depends upon medication to keep a life threatening condition under control – including, but not limited to asthma, chronic lung disease, heart disease, HIV infection, or chronic kidney disease being maintained by dialysis				
Diabetes – Type 1				
Fetal Alcohol Syndrome				
Global developmental delay as the primary diagnosis				
Head injury				
HIV exposure with medications				
Infant with sucking difficulty and/or on a monitor				
Limited mobility				
Medical condition requiring management with medications				
Medical interventions may be required while in school				

Section VII: Medical Issues	Does Not Apply or Unknown	By History	Within Last 6 Months - Diagnosis or Treatment	Provide Supporting Information
Mental retardation --may not be able to follow simple one and/or two-step directions and frequently have difficulty with three step directives.				
Oxygen dependent				
Persistent reflux causing frequent vomiting				
Physical, occupational, and/or speech therapy 1-2 times weekly				
Reflux that is controlled with 1-2 medications				
Requires medications by feeding tube, injection or suppository				
Requires nebulizer treatments on a daily basis				
Requires oral feedings that take at least 30 minutes or requires tub feedings				
Requires ostomy care				
Seizure disorder requiring medication				
Self-harming behaviors such as cutting, ingesting poisonous substances, etc.				
Severe visual impairment to include a diagnosis of legal blindness				
Tracheotomy				
Other				

Section VIII: Developmental Disabilities

Has the child been diagnosed with any of the following?

- Autism
 Mental Retardation
 Cerebral Palsy
 Spina Bifida
 Prader-Willi Syndrome
 Other Developmental Disability _____

Check All That Apply:

- Child has an IQ below 70;
 Child does not perform daily functions of life at an age appropriate level (bathing, dressing, toileting, feeding, communication);
 Child has excessive absenteeism due to health or behavioral problems;
 Child has medical condition that requires on-going use of equipment to sustain or improve life;
 Child has been hospitalized for a medical condition that has lasted or can be expected to last 12 months or more;

Section IX: Current DSM IV Diagnosis

Axis I.	Axis II.	Axis III.	Axis IV.	Axis V.

Comments:

Section X: Supporting Documentation: Please submit supporting information with the application including current psychological, pertinent medical and/or therapy summaries or notes. Total page count of attachments should be limited to no more than 25 pages. Submission should be emailed to proteam@dhs.ga.gov.

Section XI: Completed By

Name/Title:		
Email:	Phone:	Fax:

Section XII: SIGNATURES

This section must be signed by ALL parties. Application will not be accepted without appropriate signatures and concurrence.

Person Completing Application:	<input type="checkbox"/> This application is a true and accurate reflection of the child's current needs.	Date
Agency Director or Designee:	<input type="checkbox"/> I have reviewed and concur with this application.	Date