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# Application form for unplanned absences of Children and Young People placed with OOHC service providers

## ## FORM UNDER REVIEW ##

**Instructions:** This form is to be used by OOHC service providers when requesting funding for an unplanned absence of a child or young person from their OOHC placement where it is likely the child or young person will be returning to the placement. The funding provided is to enable the service provider to continue to provide support and/or case management to the child or young person. It may also be used to assess the likelihood of the child or young person of returning to the placement and assisting them to do so if appropriate.

Where there is an unplanned absence of a child or young person from their placement and that child or young person is assessed as likely to return, the District Director may grant approval for the placement to be held for up to 4 weeks with continued payment to the service provider at the full unit cost rate. This funding arrangement must be reviewed weekly. A separate application form with District Director approval is required for each unplanned absence of a child or young person.

In exceptional circumstances, this arrangement may be extended for up to an additional 4 week period with District Director approval. This will require an additional application form to be submitted by the service provider, including the reasons/circumstances that the extension is being requested.

## Child or Young Person’s details:

|  |  |  |  |
| --- | --- | --- | --- |
| Child/Young Person name: |  | Gender: |  |
| Date of birth: |  | KiDS person #: |  |
| OOHC Service Provider: |  | Placement type: |  |
| Placement start date: |  | Case Management Holder: |  |

## Background information (✓ where attached):

Client information form

Case plan/case review

Evidence of proposed service to be provided

## Date of unplanned absence of child or young person from placement:

|  |  |
| --- | --- |
| Date of unplanned absence of child or young person: |  |
| End date of payment requested (**up to** 4 weeks from date of the unplanned absence of child or young person) |  |
| **Note**: ***Payment will be from the date of the unplanned child or young person absence to the end date, subject to weekly review.*** | |

## Evidence to support request for continued funding for 4 week period:

OOHC service providers are to add a description of the support being provided to the child or young person during the absence and any information about proposed future placement.

## Prepared by:

OOHC Service Provider name:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Position: | Signature: | Date: |

**Community Services Approval Process:**

The below information is to be completed by Community Services contract management staff.

**Weekly Review Dates:**

**Supported by:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Position: | Signature: | Date: |
| Name: | Position: | Signature: | Date: |
| Name: | Position: | Signature: | Date: |
| Name: | Position: | Signature: | Date: |

**Acceptance by District Director:**

The terms and conditions of this placement are/are not approved:

|  |  |
| --- | --- |
| **Approved □** | **Not approved □** |

|  |  |  |
| --- | --- | --- |
| District Director Name : | Signature: | Date: |

Please return this approval to the Contract Manager, OOHC.