

MISSOURI DEPARTMENT OF SOCIAL SERVICES

CHILDREN’S DIVISION

**CRISIS INTERVENTION FUNDS REQUEST/AUTHORIZATION**

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| --- | --- | --- | --- |
| DATE OF REQUEST | CASE NAME | | DCN |
|  |  | |  |
| 1. TYPE OF CASE (Documentation to be attached): | | | |
| Investigation/Assessment. Documentation: CPS-1, CPS-1A | | | |
| FCS Case. Documentation: CD-14,14A,14B | | | |
| Out of Home Care. Documentation: CD-14,14A,14B | | | |
| 2. There is a risk of child maltreatment within the family due to: | | | |
|  | | | |
| 3. The family has attempted to prevent the current crisis by: | | | |
|  | | | |
| 4. The family remains in need of such funds (list all resources the family has used to alleviate the need for crisis intervention funds). | | | |
|  | | | |
| ITEM(S) REQUESTED | | DOLLAR AMOUNT | |
|  | |  | |
|  | |  | |
|  | |  | |
| VENDOR NAME(S)/ADDRESS | | | |
|  | | | |
|  | | | |
|  | | | |
| SIGNATURE OF WORKER | | DATE | |
| I have reviewed this request and required documentation and agree/deny the request for Crisis Intervention Funds due to: | | | |
|  | | | |
|  | | | |
| SIGNATURE OF COUNTY DESIGNEE | | DATE | |
| I have reviewed this request and required documentation and agree/deny the request for Crisis Intervention Funds due to: | | | |
|  | | | |
|  | | | |
| OTHER COUNTY/REGIONAL SIGNATURE | | DATE | |