## Subsidized Special Expense Approval Form For Adoption/Guardianship

When a special expense is requested, the subsidy worker shall obtain the required documentation according to policy. A request for approval will then be submitted to **circuit manager**, **field support manager**, **or regional director** as determined by your region. Once approved, if Central Office authorization is required, please submit this completed and signed form with required documentation to the subsidy PDS for a review and determination based on policy and regulations. Once all required approval signatures are obtained, submit completed and signed form with the subsidy to your regional subsidy liaison.

Check all boxes corresponding to the service(s) to be reviewed and requiring approval:

Regional Approval Only:	Also Requires Central Office Approval:
Extensions of expired services with a retroactive start date* (*NRLG, SMAS and ASRT excluded)  Additional respite hours over the maximum allowed  Medical equipment under \$10,000  Day Treatment - Preschool(DTRP) or School Age(DTRS): Consult CTS catalog  Personal Assistance - Behavioral(PASB) or Medical (PASM): Consult CTS catalog	Initial approvals with a retroactive start date (ASRT excluded)  State funds subsidy (If child was IV-E Eligible during AC)  Orthodontist  Legal over the cap amount  Medical equipment \$10,000 or over  Other (i.e.: service not covered by Medicaid)
DATE:	DCN:
CHILDS NAME:	DCN.
SUBSIDY WORKER NAME:	
The circumstances surrounding the need are as follows:	
The dates/time frame and details of the above service are:	
REGIONAL APPROVAL:	
The request has been reviewed and has been approved or denied	
Signature: Name/Title Comments:	le:
CENTRAL OFFICE AUTHORIZATION (if required):	
This request has been reviewed and has been approved	or denied
Signature: Name/Title: Comments:	