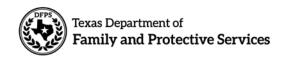


## Intensive Psychiatric Transition Program Extension (Waiver) Request

**Purpose:** The caseworker completes this form is to request an extension for a child or youth to remain in the child's or youth's current Intensive Psychiatric Transition Program (IPTP) placement.

**Directions:** The caseworker obtains program director approval and submits the approved and completed request to the IPTP state office program specialist.

CHILD'S OR YOUTH'S INFORMATION		
Child's or Youth's Name:	Person Identification Number:	Date of Placement:
Name of Facility:		
Child's or Youth's History and Diagnosis:		
Provide details about the progress made while in the Psychiatric Transition Program:		
Although the child has made progress, continued participation is needed for an additional 60 days beginning on (enter date). The following factors support authorizing this extension waiver request:		



SIGNATURE		
Approved	Denied	
Assistant Commissioner for CPS:	Assistant Commissioner for CPS:	
X		