Case No.: _____ **Return Form To:** _____

CHILD WITH SPECIAL NEEDS ADDITIONAL EXPENSE DOCUMENTATION

Name of Child: _____

Child's CNDS ID No.: _____

Has the child been identified as having special needs? ☐ YES ☐ NO

NOTE: Must be completed by a representative from the regional Children's Developmental Services Agency (CDSA) or local education agency (LEA), and if applicable, the local public health department or local management entity (LME), formerly Area Mental Health Agency.

To determine the services and activities to support the child's inclusion in the provider's program: The staff of the CDSA/LEA should review the Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP) with the provider. The 504 or Personal Care Plan (PCP) is reviewed with the provider by the staff of the LME/PHD. The applicable agency completes Sections I, II, and III jointly with the Provider.

I. List specific services or activities needed to help ensure successful placement of the child with special needs, including intensity and frequency of that service.

II. List additional supplies, staff time, equipment and modification of equipment needed to complete the specific services or activities. Specify if it is a one-time need or a recurring need.

III. List the monthly expense of the items listed under Section II in the chart below. Please indicate if the expenditure(s) is a one-time cost. Be sure to total the costs.

I. Services/Activities	II. Staff, equipment, etc.	III. Monthly Expense
1.		
2.		
3.		
	Requested Monthly Supplement Total:	

_____
Provider Signature

_____
Agency Representative Signature

Indicate Agency: ☐ CDSA ☐ LEA ☐ LME ☐ PHD

_____
Name of Facility

(_____)_____
Area Code **Telephone Number**

_____
Position/Title

_____
Date Services Began or Will Begin

_____
Mailing Address

Note: Submit the original form to the local department of social services (DSS) or local purchasing agency (LPA). The provider and referring agency must retain a copy.

_____
City **State** **Zip Code**

(_____)_____
Area Code **Telephone Number**