



## EXTENSION OF EMERGENCY SHELTER CARE (ESC)

State Form 55738 (R / 4-17)  
DEPARTMENT OF CHILD SERVICES

**INSTRUCTIONS:** The ESC Facility must complete the information below for stays in excess of twenty (20) days and e-mail this form to [ESCExtensions@dcs.IN.gov](mailto:ESCExtensions@dcs.IN.gov) on day fifteen (15) of an ESC stay that will extend beyond twenty (20) days. The Family Case Manager (FCM) / Probation Officer must be copied on the e-mail request.

Name of ESC facility	
Name of Placing Agency (DCS or Probation)	
Name of FCM / Probation Officer	E-mail address of FCM / Probation Officer
Name of child	Date of birth of child (month, day, year)
Child's CANS Score (if available)	Child's KidTraks Person ID (on current ICPR)
Date waiver is requested (month, day, year)	Admission date of child to ESC (month, day, year)
Current ICPR expiration date, which includes any prior extensions (month, day, year)	
Justification for waiver (Provide information from the placing agency in regards to the need for the waiver, including any behavioral traits making it difficult to find viable placement options)	
Expected length of waiver (Describe justification regarding the length of need of the waiver, including information from the placing agency, upcoming court proceedings, etc.)	
Child's targeted placement upon discharge (i.e. relative care, foster care, residential, reunification, etc.)	
Additional Information	