



REQUEST FOR ADDITIONAL FUNDING

State Form 54870 (R6 / 2-23)

Approved by State Board of Accounts, 2022

Prescribed by the Indiana Department of Child Services

INSTRUCTIONS: This form should be completed for all funding requests that are outside of policy and over \$1500 in spend for any Case Management System cases. This form is used to request an approval for expenditure of additional funds to be approved by the Family Case Manager Supervisor (FCMS), the Local Office Director (LOD) or Division Manager (DM) and Regional Manager (RM) or Probation Oversight Manager. A copy of the approved request must be sent to the Regional Finance Manager. See 16.01 Funding for Children in Out-of-Home Care, 16.02 Assistance for Unlicensed Relative and Kinship Placements, and 16.03 Assistance for a Family of Origins Basic Needs for additional instructions on the proper usage of this form and current policy limits.

For Probation Cases: This form should be used to request approval for additional costs to be expended and this form must be signed by the Probation Services Oversight Manager. The Probation Services Consultant should be notified of the approval.

County		Name of client for whom funds are requested (<i>first and last</i>)	
KidTraks System person identification number		KidTraks System case or assessment number	
Name(s) of child(ren) (<i>first and last</i>)		Date(s) of birth (<i>month, day, year</i>)	
Placement of child(ren) <input type="checkbox"/> In Assessment Phase <input type="checkbox"/> Foster Home <input type="checkbox"/> Unlicensed Relative <input type="checkbox"/> Residential <input type="checkbox"/> In-Home			
Request is for the following item / service:		Method of payment <input type="checkbox"/> Provider Invoice <input type="checkbox"/> P-Card <input type="checkbox"/> Special Disbursement Officer (SDO)	
Amount requested	Name of provider		
Justification for request (<i>Must include reasons and circumstances. If more space is needed for detailed justification, please attach a separate sheet.</i>)			
Signature of requestor		Printed name of requestor	Date (<i>month, day, year</i>)

Signature of supervisor		Date (<i>month, day, year</i>)
Printed name of supervisor		<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Signature of Local Office Director or Division Manager		Date (<i>month, day, year</i>)
Printed name of Local Office Director or Division Manager		<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Signature of Regional Manager or Probation Services Oversight Manager		Date (<i>month, day, year</i>)
Printed name of Regional Manager or Probation Services Oversight Manager		<input type="checkbox"/> Approved <input type="checkbox"/> Denied