REQUEST FOR ADDITIONAL FUNDING

State Form 54870 (R7 / 5-25)
Approved by State Board of Accounts, 2025
Prescribed by the Indiana Department of Child Services

INSTRUCTIONS: This form should be completed for all funding requests that are outside of policy for any Case Management System cases. This form is used to request approval for expenditure of additional funds to be approved by the Local Office Director (LOD) or designee or Probation Oversight Manager (POM). The LOD/POM signed form must be emailed to the DCS Financial email box at DCSFinance@dcs.in.gov.

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 *(first and last)*
KidTraks System person identification number	KidTraks System case or assessment number
Name(s) of child(ren) (first and last)	Date(s) of birth (month, day, year)

Placement of child(ren)
☐ In Assessment Phase ☐ Foster Home ☐ Unlicensed Relative ☐ Residential ☐ In-Home

Request is for the following item / service:

Amount requested	Name of provider

Justification for request *(Must include reasons and circumstances. If more space is needed for detailed justification, please attach a separate sheet.)*

Signature of requestor	Printed name of requestor	Date *(month, day, year)*
Signature of Local Office Director or designee	Printed name of Local Office Director	Date *(month, day, year)*

************To be completed by DCS Finance prior to incurring the expense************

Signature of Chief Financial Officer or designee	Printed name of Chief Financial Officer or designee	Date *(month, day, year)*

☐ Approved ☐ Denied	Denial Reason	Approved Method of payment ☐ Provider Invoice ☐ P-Card ☐ SDO