



# REQUEST FOR ADDITIONAL FUNDING

State Form 54870 (R3 / 6-14)

Approved by State Board of Accounts, 2014

Prescribed by the Indiana Department of Child Services

**INSTRUCTIONS:** This form should be completed for all MaGIK cases. This form is used to: 1) Request Local Office Director (LOD) or Division Manager (DM) approval for additional funds to be expended on any case involving In-home and Unlicensed Relative placements; or 2) Appeal for additional funds to be approved by the Regional Manager (RM) or Probation Oversight Manager. Requests that only require LOD or DM approval should be signed by the LOD and the Regional Finance Manager (RFM) and the RM should be notified of the approval. Requests that require RM approval must be approved and signed by the Family Case Manager Supervisor, LOD, RM and RFM. See 16.1 Clothing Personal Items, and Permitted Per Diem Expenses, 16.2 Assistance for Unlicensed Relative Placements, and 16.3 Assistance for a Family's Basic Needs for additional instructions on the proper usage of this form.

**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 and the RFM. The Probation Services Consultant should be notified of the approval.

Date (month, day, year)		Name of person for whom funds are requested (first and last)	
Kid Traks person identification number		Kid Traks case or assessment number	County
Name(s) of child(ren) (first and last)			Date(s) of birth (month, day, year)
Placement of child(ren) <input type="checkbox"/> Foster Home <input type="checkbox"/> Unlicensed Relative <input type="checkbox"/> Residential <input type="checkbox"/> In-home			
<input type="checkbox"/> Local Office Director (LOD) or Division Manager (DM) request <input type="checkbox"/> Unlicensed Relative <input type="checkbox"/> In-home		<input type="checkbox"/> Regional Manager (RM) or probation appeal <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 (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 supervisor		Date (month, day, year)
Printed name of supervisor		<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Signature of Local Office Director or Division Manager		Date (month, day, year)
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 (month, day, year)
Printed name of Regional Manager or Probation Services Oversight Manager		<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Signature of Regional Finance Manager	Printed name of Regional Finance Manager	Date (month, day, year)