



**CHILD PLACING AGENCY (CPA) AND DEPARTMENT
MANAGED FOSTER HOMES REQUEST FOR REVIEW
OF CHILD'S CATEGORY OF SUPERVISION**

State Form 55158 (R2 / 8-19)

INDIANA DEPARTMENT OF CHILD SERVICES

Child Support Hotline: 800-840-8757
Child Abuse & Neglect Hotline: 800-800-5556
www.in.gov/dcs



INSTRUCTIONS:

1. A Child Placing Agency or Department Managed Foster Home must fill out all requested information below.
2. Choose the reason for review that you are requesting. Only choose one option:
 - a. **Initial review request:** A Department Managed Foster Home (DCS foster home) or a CPA may request a review of a foster child's initial category of supervision as shown on the Individual Child Placement Referral (ICPR). For any requests under this section, this form must be submitted to the DCS Local Office Director or Chief Probation Officer for the local office managing the child's case within the first thirty (30) days of placement.
 - b. **On-going review request:** The DCS foster parent or CPA may request review under this section not more than once every 180 calendar days the child is in out-of-home placement. Reasons for this type of review are as follows:
 - i. A case juncture;
 - ii. The DCS foster parent or CPA reasonably believes there is relevant, new, or changed information about the child's supervisory needs that were not adequately addressed in the approved assessment tool or during discussions about the type of placement before the placement occurred; or,
 - iii. There are supervisory or behavioral concerns that are not adequately addressed by the approved assessment.
3. DCS/Probation cannot accept or process a request for review of a child's category of supervision if this form is incomplete or if the CPA or foster parent has a current license that is in the process of being revoked by the Department.
4. Mail this completed form to the DCS Local Office Director or Chief Probation Officer in the county where the child's case is pending.

REQUESTED INFORMATION (Fill out all requested information below.)

Name of child	MaGIK case identification number
Name of FCM/Probation Officer managing the case	County FCM or Probation Officer works in
Name of DCS licensing worker	County of DCS licensing worker
Person Requesting Review (check one): <input type="checkbox"/> Department of Child Services Foster Parent (Complete the Foster Parent section below.) <input type="checkbox"/> Child Placing Agency (Complete the CPA section below.)	

DEPARTMENT OF CHILD SERVICES (DCS) FOSTER PARENT SECTION

Name of foster parent	Telephone number of foster parent ()
Address of foster parent (number and street, city, state, and ZIP code)	E-mail address of foster parent

CHILD PLACING AGENCY (CPA) SECTION

Name of child placing agency	Telephone number of child placing agency ()
Name of child placing agency contact	E-mail address of child placing agency
Address of child placing agency (number and street, city, state, and ZIP code)	

REQUESTED INFORMATION (continued)

Reason for review request of the child's category of supervision <input type="checkbox"/> Initial review request <input type="checkbox"/> On-going review request
Child's current category of supervision as stated on the Individual Child Placement Referral (ICPR) (check one) <input type="checkbox"/> 1-Foster Care <input type="checkbox"/> 2-Foster Care with Services <input type="checkbox"/> 3-Therapeutic <input type="checkbox"/> 4-Therapeutic Plus <input type="checkbox"/> 5-Other ____
Category of supervision you believe is needed for the child (check one) <input type="checkbox"/> 1-Foster Care <input type="checkbox"/> 2-Foster Care with Services <input type="checkbox"/> 3-Therapeutic <input type="checkbox"/> 4-Therapeutic Plus <input type="checkbox"/> 5-Other - Please list: ____

Provide a clear, concise statement of the reasons for the requested change. You may provide attachments to support your request, if appropriate.

Provide a detailed statement of related information in support of the change. You may provide attachments to support your request, if appropriate.

When a request for a review of the category of supervision is received, the DCS Local Office Director or designee or the Chief Probation Officer or designee will hold a meeting with the DCS foster parent or CPA (and their foster parent) to discuss the needs of the child within fourteen (14) days of the request for review. The FCM or probation officer should also be in attendance at this meeting. If the foster parent and/or CPA do not attend the meeting, DCS or Probation will complete a paper review. Notice of the outcome of the review will be distributed by the DCS Local Office Director or designee or the Chief Probation Officer or designee, in writing, to the DCS foster parent or CPA within five (5) business days of the scheduled meeting date.

The child's category of supervision, as affirmed or revised by the DCS Local Office Director or designee or the Chief Probation Officer or designee upon completion of the review, will be effective as of the date of the notice of the outcome of the review. It will not be retroactive. Any payments made by DCS after the effective date will be adjusted in accordance with the final approved category of supervision for the child.

Signature of CPA Representative or DCS Foster Parent

Date (month, day, year)

Printed Name of CPA or DCS Foster Parent