



Bureau for Children and Families
Agency Provider Modification Request
Socially Necessary Services

Agency Name: _____

Agency Contact Person: _____

Title: _____ Email: _____

Agency Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Identify the service(s) you currently provide and the county name(s) in which you provide them. If you are wishing to add a service, then check the “New Service” box for the designated service and include the county name(s) in which this service will be provided. If coverage includes the entire state, then designate the service as “Statewide.”

Services	Check All That Apply	County Where Service Provided <i>List County Name(s)</i>	New Service?
Adult Life Skills	<input type="checkbox"/>		<input type="checkbox"/>
Agency Transportation	<input type="checkbox"/>		<input type="checkbox"/>
Agency Transportation One	<input type="checkbox"/>		<input type="checkbox"/>
Agency Transportation Two	<input type="checkbox"/>		<input type="checkbox"/>
Agency Transportation Three	<input type="checkbox"/>		<input type="checkbox"/>
Public Transportation	<input type="checkbox"/>		<input type="checkbox"/>
Public Transportation One	<input type="checkbox"/>		<input type="checkbox"/>
Public Transportation Two	<input type="checkbox"/>		<input type="checkbox"/>
Public Transportation Three	<input type="checkbox"/>		<input type="checkbox"/>
Family Crisis Response	<input type="checkbox"/>		<input type="checkbox"/>
General Parenting	<input type="checkbox"/>		<input type="checkbox"/>
Home Maker Services	<input type="checkbox"/>		<input type="checkbox"/>
Individual Parenting	<input type="checkbox"/>		<input type="checkbox"/>

Intervention Travel Time	<input type="checkbox"/>		<input type="checkbox"/>
Transportation Time	<input type="checkbox"/>		<input type="checkbox"/>
Pre-Reunification Support	<input type="checkbox"/>		<input type="checkbox"/>
Private Transportation (Foster Care Agency Only)	<input type="checkbox"/>		<input type="checkbox"/>
Private Transportation One (Foster Care Agency Only)	<input type="checkbox"/>		<input type="checkbox"/>
Private Transportation Two (Foster Care Agency Only)	<input type="checkbox"/>		<input type="checkbox"/>
Private Transportation Three (Foster Care Agency Only)	<input type="checkbox"/>		<input type="checkbox"/>
Emergency Respite	<input type="checkbox"/>		<input type="checkbox"/>
Respite	<input type="checkbox"/>		<input type="checkbox"/>
Daily Respite	<input type="checkbox"/>		<input type="checkbox"/>
Situational Respite	<input type="checkbox"/>		<input type="checkbox"/>
Crisis Respite	<input type="checkbox"/>		<input type="checkbox"/>
Safety Services	<input type="checkbox"/>		<input type="checkbox"/>
Supervised Visitation One	<input type="checkbox"/>		<input type="checkbox"/>
Supervised Visitation Two	<input type="checkbox"/>		<input type="checkbox"/>
Supervision	<input type="checkbox"/>		<input type="checkbox"/>
Meals (Biological Parents/Guardian & Foster Parents Only)	<input type="checkbox"/>		<input type="checkbox"/>
Lodging (Biological Parents/Guardian & Foster Parents Only)	<input type="checkbox"/>		<input type="checkbox"/>
MDT Attendance	<input type="checkbox"/>		<input type="checkbox"/>
Home Study	<input type="checkbox"/>		<input type="checkbox"/>
Tutoring	<input type="checkbox"/>		<input type="checkbox"/>
Connection Visit (Foster Care Agency Only)	<input type="checkbox"/>		<input type="checkbox"/>

Away from Supervision Support (Residential Providers Only)	<input type="checkbox"/>		<input type="checkbox"/>
Individual/Clinical Review	<input type="checkbox"/>		<input type="checkbox"/>
Chafee Transitional Living (Foster Care Agency Only)	<input type="checkbox"/>		<input type="checkbox"/>
Chafee Pre-Placement (Foster Care Agency Only)	<input type="checkbox"/>		<input type="checkbox"/>
Agency Transportation – Chafee (Foster Care Agency Only)	<input type="checkbox"/>		<input type="checkbox"/>
Case Management (** Special Approval Needed)	<input type="checkbox"/>		<input type="checkbox"/>
Family and Needs Assessment/Service Plan (** Special Approval Needed)	<input type="checkbox"/>		<input type="checkbox"/>

By signing below, you are verifying and certifying that your agency is familiar with the laws and regulations regarding the provision of socially necessary services and that the services you provide are compliant with these laws and regulations.

Signature: _____ Date: _____