**DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Milwaukee Child Protective Services

**Emergency Higher Level of Care Approval**

|  |  |
| --- | --- |
| Date Form Completed      | Region      |
| Name – Child      | Birthdate      |
| Case Number      | Name – Worker      |
| Level of Care      | Service Starting Date      |

Indicate names of those involved in emergency staffing, or indicate if this was an approval made on after hours.

|  |  |
| --- | --- |
| Name      | After Hours Approval      |
| Name      |  |
| Name      |  |

Approval is granted on an emergency basis and is temporary until the child is presented to the central staffing committee. Children approved on an emergency should be scheduled for presentation at the next regularly scheduled central staffing.

[ ]  Yes [ ]  No Is this approval for HLOC due to a lack of resources?

 (Approvals due to lack of resources do not require a central staffing.)

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| **SIGNATURE** – Region Manager / Program Manager / Designee |  | Date Signed |  |

DCF-F-2464-E (R. 10/2015)