

Special Needs Adoption Program (SNAP) Services Approval for Specialized Services and RCC Placements

Use of Form: This form is required to be completed when a SNAP worker is requesting approval for Specialized Services and/or a RCC Placement for a child. After completing the form, the SNAP supervisor will submit the request to the Section Manager of Adoption and Interstate Services Section for approval or denial for the requested service(s). The completed approval form must be submitted for payments. Submit invoice / bills with a copy of the approval for the service to the Foster Care AA / SSA / SSI accountant, when applicable. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)m), Wisconsin Statutes.

Name – Child	eWiSACWIS Case Number	Name – Caseworker
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Date of Request

Approval Request for (choose all that apply)

Specialized Services RCC Placement

Complete for Specialized Services and/or RCC Placement

Summary of Issue (include all relevant information)

Identify the specialized service that is being requested

Proposed Provider for Requested Services

Cost of Services	Duration of Services
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Caseworker Recommendation

Payment Options

Bill to Contract Bill to DCF / Foster Care AA / SSA / SSI Accountant Review as Rate

Reviewed and Approves Recommendation

SIGNATURE – SNAP Supervisor

Date signed

FOR DEPARTMENT USE ONLY

Approved Yes No Specialized services

Approved Yes No RCC Placement

SIGNATURE – Section Manager

Date Signed

SIGNATURE – Bureau Director (56.09(1m)(f) and 50.07(8)e))

Date Signed