



ADDITIONAL STAFF SUPPORT AND 1 or 2 PERSON CILA REQUEST

This form is required for all Additional Staff Support Requests.
This form is required for any request for a 1 or 2 Person CILA with 24 Hour Shift Staff Supports.
This form must be filled out on-line or typed. Handwritten forms will not be accepted.

Individual's Name	Individual's SSN	Individual's RIN
Individual's Address	City	Zip Code
Requesting Agency Name	Agency FEIN	Agency ID

Date of Request: _____

SECTION I - Additional Staff Support Request

Additional Staff Support Request for: (Check all applicable boxes)

NOTE: If 60D and 31U are different provider agencies then separate request forms must be completed.

- 60D CILA Residential
- 31U Developmental Training

This Additional Staff Support Request is for: (Check only one box)

Initial Request - Additional Staff Supports (See A Below)

If Staff Supports were initiated after normal business hours specify:
Date _____ and Time _____ am pm

Long-Term Request - Additional Staff Support Request (See B below).

Renewal Request - Long-Term Additional Staff Supports (See B below).

Date Long-Term Additional Staff Supports Expire: _____

REGION/BTS Date Stamp

SECTION II - One or Two-Person CILA with 24 Hour Shift Staff Supports

One (1) or Two (2) Person CILA with 24 Hour Shift Staff Request: (Check only one box if applicable)

- Emergency** - Pre-Award Letter Request for a 1 or 2 Person CILA with 24 hour shift staff (See C below).
- Application Request** for a 1 or 2 Person 60D CILA with 24 hour shift staff (See C below).
 - If applicable: A Pre-Award letter for a 1 or 2 Person CILA was grant. Date of PAL: _____
- Renewal Request** for a 1 or 2 Person 60D CILA with 24 hour shift staff (See C below).

Date 1 or 2 Person CILA Expires: _____

- A. See Information Bulletin: Initial additional staff supports DD.14.036 for instructions and required attachment.
- B. See Information Bulletin: Long-term additional staff supports DD.14.037 for instructions and required attachments.
- C. See Information Bulletin: One and two person CILA request, approval and renewal DD.14.038 for instructions and required attachments

PRINT Name of Requesting Executive Director/Designee	Print Name of Receiving ISC Agency
Signature of Requesting Executive Director/Designee	Signature of Receiving ISC Agency
Email Address of Requesting Executive Director/Designee	Email Address of Receiving ISC Agency
Date Sent to Receiving ISC Agency	Date Sent to Receiving Region/BTS
Print Name of Receiving ISC Agency	Print Name of Receiving Region/BTS Staff



ADDITIONAL STAFF SUPPORT AND 1 or 2 PERSON CILA REQUEST

Individual's Name _____

Requesting Agency Name _____

Date of Request _____

-----**DD DIVISION USE ONLY BELOW THIS POINT**-----

Region / BTS Staff Action: Print Name of Receiving Region/BTS Staff: _____

- Incomplete - Additional staff request is returned to ISC agency on date: _____ .
 - Follow-up information was received by Region/BTS staff on date: _____ .
- Approved Initial request for 60D CILA for 750 hours of 53R. Effective: _____ .
- Approved Initial request for 31U DT for 230 hours of 53D. Effective: _____ .
- Denied - Additional staff request is returned to ISC agency on date: _____ .
- Long-Term additional staff request forwarded to: _____ .
- One or Two Person CILA with 24 Hour Shift Staff Support Request forwarded to:
 - Clinical Services for Programmatic Review. Date: _____ Clinical OK: _____ .
 - BCR for Calculation of Additional Staff Supports: Date: _____ BCR OK: _____ .
 - Scheduled for Review by Committee on: Date: _____ .

Clinical Review Team Action: Review Committee met on _____ (Date) and Decided to:

- Approve long-term additional staff request. Effective: _____ .
- Recommend Director's approval for a 1 or 2 Person CILA.
- Follow-Up is required: Region/BTS Staff to contact ISC agency for follow-up.
 - Follow-up information was received by Region/BTS staff on: _____ .
- Deny Long-term additional staff request

Region/BTS Initials

Clinical Initials

BCR Initials

**TRACK-IT
NUMBER**

Director or Director's Designee Action:

- Approved emergency PAL request for 1 or 2 person CILA. Effective: _____ .
- Approved application request for 1 or 2 person CILA. Effective: _____ .
- Incomplete - request for 1 or 2 person CILA. Region/BTS staff to contact ISC for follow-up.
- Denied - request for 1 or 2 person CILA.

BCR DATE STAMP

Signature of DDD Director or Designee:

Date:

Final Disposition:

- Award letter was issued on: _____ by: _____ .
- Letter of denial was issued on: _____ by: _____ .
- BCR entered / completed authorization on the above approval. Date: _____ BCR Staff Initials: _____