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| **DMCPS Higher Level of Care Request Form**  This document is to be used to request a higher level of care for a child/youth served by DMCPS or its contracted agencies. Complete the form in its entirety and the form email to [DCFDMCPSHLOCrequest@Wisconsin.gov](mailto:DCFDMCPSHLOCrequest@Wisconsin.gov). Ongoing Services Section (OSS) will review and issue a response within 24 business hours. Any questions should be directed to the OSS team at: [DCFDMCPSOngoingServicesSection@Wisconsin.gov](mailto:DCFDMCPSOngoingServicesSection@Wisconsin.gov). | | | | | | |
| Date of Request | | Is this an Emergency Request? | | | Date Response Needed By | |
| Family eWiSACWIS # | Child Name | | Child’s DOB | | | Child’s eWiSACWIS # |
| Name – Case Manger | | Name – Supervisor | | | Name – Program Manager/Director | |
| HLOC Requested*(select from the following list: TFC, Group Home, In-State RCC, Wrap Assessment)* | | | | | | | |
| Current Placement Type: | | Start Date of Placement**:** | | | Reason for COP from this Placement: | |
| Provide a brief placement summary for the child | | | | | | |
| Describe what efforts have been made to maintain this child at the current level of care, and why a higher level of care is being requested | | | | | | |
| Describe services that are in place to serve the child, and why there are no other services available to meet the needs of the child other than a higher level of care | | | | | | |
| Describe any current physical or mental health diagnosis(es) or concerns, prescribed medications, and any physical or behavioral health condition, specific crisis/emergency management plans and the child’s current placement stability | | | | | | |
| **To be completed by DMCPS Ongoing Services Section**  OSS Name: | | | | | | **Decision Date**  *Insert Date* |
| **HLOC Determination**  Approved  Denied  Staffing Required: *Insert Date* | | | | **Approval Expiration Date:**  90 days from above date, unless otherwise specified | | |
| **COMMENTS** *(OSS will include any subsequent Staffing determinations here)* | | | | | | |