

Itasca County Health and Human Services

Application for NON- Case Management Children's Mental Health Respite

Name of Child open for Rule 79 Children's Mental Health Case Management	Date of Request	D.O.B.	Case Number
Name of Parent or Guardian Requesting Grant Money for Child	Phone number for person requesting grant	Rule 79 CKHCM social worker	Insurance for Child

- I. Needs and strengths:
- II. Explain how services address child's needs.

What service plan goal is the service connected to?

- III. Services requesting grant money and check made payable to:

Provider Type (Choose from options below)	Emergency or planned service E = Emergency P = Planned	Date or range of dates for Service	Number of hours of service	Cost of service
	<input type="checkbox"/> E <input type="checkbox"/> P			
	<input type="checkbox"/> E <input type="checkbox"/> P			
	<input type="checkbox"/> E <input type="checkbox"/> P			

1. Family, friend or neighbor who is not designated as an official day care provider for the child
2. Day care provider
3. Community entity – YMCA, church, etc. not including school programs
4. School program or setting
5. Foster care

- IV. CASII rating at time of application _____

Reviewed and Approved:

Grant Manager

Social Worker Signature (when appropriate)

Date: _____

Mental Health Professional (when appropriate)

Case Manager: _____(printed)

Agency: _____