**CHILD INFORMATION**

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| --- | --- | --- |
| Name: | Date of Birth: | MiSACWIS Person ID: |
| MiSACWIS case number: | Gender: | Race: |
| Date Child Entered Care: | Current Legal Status: | Current DOC Rate: |
| Date applied for SED Wavier: | Status of SED Waiver: | Outcome of SED Waiver: |
| Referring Agency: | Referring Worker: | Referring Worker’s Phone: |

**Reason for Referral to Enhanced Foster Care (EFC)**

* Child is discharging from residential treatment
* Child qualifies for Serious Emotional Disturbance (SED) Wavier (<https://www.michigan.gov/documents/mdch/SED_Waiver_TA_Manual_5-9-07_FINAL_196150_7.pdf>)
	+ Date of SED Waiver approval:\_\_\_\_\_\_\_\_\_\_\_\_
* Child is placed in a foster home or with a relative at risk of placement break due to behavioral or emotional issues and exhibits some or all the following:
	+ History of two placement breaks due to behavioral or emotional issues
	+ CANS score in Mental Health and Well-Being is rated -3 or lower
	+ CAFAS score is 80 or higher
* Agency believes it is in the best interest of the child to improve placement stability

**Summary of Child’s needs for Enhanced Foster Care (EFC):**

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| --- | --- | --- | --- |
| Number of Placements: | CANS Mental Health Score: | CAFAS Score: | Proposed EFC Level: |

Explanation:

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|  |
| PAFC Worker Signature: | Date: |
| PAFC Supervisor Signature:  | Date: |

**WMPC Determination of Eligibility:**

* **Approved**- Without this service, multiple placement disruptions or residential placement may occur
* **Denied-** Does not meet EFC eligibility requirements

|  |  |
| --- | --- |
| WMPC Director of Care Coordination: | Date: |