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**PLACEMENTS:**

Has the child even been placed away from Home (include hospitalizations)? Yes \_\_\_\_\_ No \_\_\_\_\_

Has the child had Impact Plus services in the past? Yes \_\_\_\_\_ No \_\_\_\_\_

Current placement: \_\_\_\_\_

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**OTHER PERTINENT INFORMATION (to include other community resources that have not been successful in the past):**

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Office Use Only		
	Status	Timeline
Has the child's IMPACT Plus Application for Eligibility been completed?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Date of Completion:
Has the child been approved for IMPACT Plus services?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Date of Approval:
If so, has it been longer than 60 days since date of approval?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	60 day date:

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