



Social Services Administration

One-on-One Services Program Continuation Request Form

Instructions:

This form must be used by LDSS teams to request continuation of One-on-One services for youth in the care and custody of DHS in accordance with SSACW26-02. This form should be submitted to ssa.onetoone@maryland.gov. The first request to extend services beyond 31 days must be submitted by day 25. All subsequent continuation requests must be submitted every 30 days. The LDSS must convene a full clinical team meeting by day fifty to evaluate the appropriateness of the current placement if services are recommended for more than sixty days.

LDSS Requesting Services		Caseworker Name	
LDSS Director or Designee has approved this request	<input type="checkbox"/> Yes <input type="checkbox"/> No		
LDSS Director or Designee / Role			
<p>Please provide the date and a summary of findings from the required One-on-One teaming meeting.</p> 			
Youth Information			
First Name, Middle Initial		Last Name	
Date of Birth		CJAMS PID	
Licensed Provider where youth is currently placed is a:	<input type="checkbox"/> Resource Home <input type="checkbox"/> Treatment Foster Care <input type="checkbox"/> Group Home <input type="checkbox"/> RTC <input type="checkbox"/> Hospital <input type="checkbox"/> Psychiatric Treatment Facility <input type="checkbox"/> Qualified Residential Treatment Program		
Provider Agency			
Primary Contact (Name and Email Address)			
Address			

Reason for Request

Please describe the youth's behavior since One-on-One support services began. Has the use of this service helped to stabilize the youth's behavior?

Please list all strategies, interventions, and efforts made to manage behavior since installing One-on-One support.

What goals, objectives, or service plan benchmarks would extending One-on-One services support?

Please list the current SSA/Regional Approved Provider of One-on-One services.

Would you like to retain this provider or change providers?

- Retain this provider
- Begin services with another provider
- List provider requested:

Please specify the services to be provided and a clear statement about what the provider will be asked to do.

List the hours the One-on-One staff is needed. List 24/7 if services are requested full-time.

Provide an anticipated timeframe for extending services

- 0-5 days
- 5-10 days
- 10-20 days
- 20+days