

**REQUEST FOR SUPERVISORY APPROVAL
CHILD CARE HOURS EXCEEDING 215 PER MONTH**

Type of Care JO

EM

Effective Dates of Plan: _____ to _____

Case Name: _____

KsCares Case Number: _____

Name of Child: _____

Reason for more than 215 hours: _____

Provider name and Type: _____

NOTE: If provider type is REL (Out-of-Home Relative), hours cannot exceed 215 per month per child under any circumstances. REL displays on the CHCP screen.

Number of Hours Requested: _____

Worker Name: _____

Telephone: _____

Date _____

Supervisor Name: _____

Telephone: _____

Date _____ Approved Yes No

Supervisor Comments: _____

Retain in case file.

INSTRUCTIONS

1. The worker will complete this form to obtain supervisory approval for authorization of more than 215 hours per month per child.
2. Once approval is obtained, the worker will authorize a child care plan (CHCP) for 215 hours only. KsCares will not allow more than 215 hours.
3. The worker will then need to authorize the additional number of hours as an underpayment (UN) by using the EXPC (Exception Payments) screen. See KsCares User Manual.
4. After the additional benefits are authorized on EXPC, the worker will send the C806 notice to the client informing of the additional benefits.