

# Authorization: Held Bed

One form per child  
Please type or print

Agency Name		Program Name			Program LINK number
Agency Address:	Street	City	State	Zip Code	Phone

### SECTION I – CHILD IDENTIFYING DATA

Name of Child:	LINK Number:
Area Office:	Date of Birth:
Name of DCF Worker:	Current Placement Date of Admission
Current Placement:	
Date Child Temporarily Left Facility: Reason (check one)	Date Child Returned to Facility: AWOL (maximum of 7 days) <input type="checkbox"/>
Hospitalization <input type="checkbox"/>	

Please fill out the section below that applies

### Bed to be held no more than 7 days initially - Social Worker Authorization:

Initial dates for which Held Bed is requested: Beginning            Ending Total number of days            X rate Total \$ amount	DCF Approval by _____ (Printed Name) Signature _____ Must be Social Worker level or higher
--------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------

### Bed to be held an additional 21 days for hospitalization - Program Manager Authorization:

Additional dates for which Held Bed is requested: Beginning Ending Number of additional days            X rate Total \$ amount	DCF Approval by _____ (Printed Name) Signature _____ Must be Program Manager level or higher
--------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------

### Bed to be held over a total of 28 days for hospitalization or for special circumstance - Area Office Director Authorization:

Additional dates for which Held Bed is requested: Beginning Ending Number of additional days            X rate Total \$ amount	DCF Approval by _____ (Printed Name) Signature _____ Must be DCF Area Office Director level or higher
--------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------