Giles CPMT
Emergency FAPT Approval Form

FAPT member response is required by close of business ____________(date)

Child: ________________________ Age: _______
Case Manager: ________________________ Date: ____________
Eligibility Category: Foster Care Prevention Other: (specify) ____________
Brief history and reason for emergency referral:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Vendor: ________________________ Service: ________________________
Rate: __________ Units: ______ Total Monthly Cost: __________
Begin Date: ____________ End Date: ____________

I approve the requested service: ______
I do not approve the requested service: ______
FAPT Member: ________________________ Date: ____________

Note: Complete FAPT documentation is due to the CSA Coordinator within 2 business days of emergency approval.