

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.