

# PRIOR AUTHORIZATION FOR RESIDENTIAL SERVICES

## *State Match Initiation Form 928*

Form 928 - for internal DSPD staff use only

Version Date: February 2024

This form is used internally by DSPD staff to initiate a state match agreement for a youth in the custody of the state of Utah, Department of Health and Human Services. It documents that the youth presents exceptional care needs that require receipt of residential services.

**NAME OF PERSON:**

**PERSON'S ID:**

**REQUESTED START DATE:**

**PROVIDER NAME:**

Certification: I have thoroughly reviewed this child's history, assessments, and support plans. As a result of that review, I certify that this child has exceptional needs as defined in Directive 1.56, and requires residential services under the categories selected below:

- Category A - behavioral needs
- Category B - physical or personal care needs

**DSPD ADMINISTRATOR**

Signature:

Date: