

PLACEMENT CAP EXCEPTION REQUEST

Community Supervision Standard 04-135 requires an exception be approved by KDOC-JS staff for any youth residing in an out-of-home placement to remain in residential placement for more than 180 days. This form should be completed and sent via email to exceptions@doc.ks.gov 30 days prior to the 180 days reintegration date. KDOC-JS staff will reply within five (5) business days of receipt of this request.

Youth Name:

Age:

Judicial District:

Permanency Goal:

Date of Out-of-Home Placement:

YLS Risk Level:

Exception Justification: (check all that apply) (documentation for each exception must be included upon submission for any exception)

- 1. The youth's education completion date falls after the 180 days.
- 2. The youth's programming/treatment completion date falls after the 180 days.
- 3. The youth's approved PRTF admission date falls after the 180 days.
- 4. The youth's approved in-patient drug/alcohol date falls after the 180 days.
- 5. Other (please specify in the narrative section below)

Additional narrative justifying placement exception request:

By signing below, I acknowledge that it is in the best interest of the youth referenced above to remain in a residential placement beyond the 180 day maximum.

Supervision Officer Name

Supervision Officer Signature

Date

Supervision Supervisor Name

Supervision Supervisor Signature

Date

Central Office (or designee) Name

Central Office (or designee) Signature

Date

Central Office (or designee) Name

Central Office (or designee) Signature

Date

_____: Approved _____: Denied

Additional narrative justifying why an exception was denied.

The below is for the appeal process only.

Additional narrative justifying why an appeal is being requested.

Central Office (or designee) Name

Central Office (or designee) Signature

Date

_____: Approved _____: Denied