State of Hillions

Department of Children and Family Services APPROVED SUBSIDY MAINTENANCE FORM

Foster Care (For Sub Guardian Cases)	Ade	option Assistance		Case Name	
Case ID:		Case ID:		Last, First Mi:	
***** CM-51 ENTRY****					
Adoption Finalization/Guardianship	Transfer Date	:/ A	mendment Date://	_ Graduation Date: _	//
Approved Subsidy Services:	Adoption Assis	tance	Subsidized Guardianship		
Ongoing Monthly Payment A	Amount:		Nonrecurring Expenses Ar	mount:	Medicaid Card
				Start Date	End Date
☐ Therapeutic Day Care	☐ I	Part-Time Full-7	Γime Daily Rate:	//	/
☐ Day Care For Children Under	Age 3	Part-Time Full-	Гіте Daily Rate:	//	//
☐ Respite Care For DSCC Othe	rwise Eligible C	Child	Director's Authorized Servi	ces	
***** CM-52 ENTRY****					
☐ Payment For Pre-Existing (Conditions Not	Payable Elsewhere	At Medicaid-Eligible Rates	s <u>Start Date</u>	End Date
Counseling	Units:	Rate:	Frequency:	//	/
☐ Therapy	Units:	Rate:	Frequency:	//	//
☐ Other	Units:	Rate:	Frequency:	//	//
(Specify: _)
Other	Units:	Rate:	Frequency:	/	/
(Specify: _)
<u> </u>)
***** CM-53 **** (DIRECTOR'S A					
Service:					
Units: Rat	e:	Frequency:	Start Date:	// <u>End Da</u>	nte: //
Service:				Am	ount:
Service:				Am	ount:
Print Name of Child's Assigned Po	ermanency worker	W	orker's Signature		 E