

REQUEST FOR VEMAT ADMINISTRATION DUE TO CHANGE IN CHILD'S BEHAVIORS

This document must be used when a Foster Parent wants a VEMAT administered due to DOCUMENTED increases in the child's behaviors that have required four or more weeks of increased supervision and support on the part of the Foster Parent

Foster parent(s) name and contact information: _____

Individual to whom Request Form is submitted: _____

Date Request Submitted (email or hard copy) to the LDSS: _____

Signature and Date of LDSS staff accepting hard copy Request (if NOT emailed):

Child's Name: _____

Local Department of Social Services: _____

Caseworker Name: _____

Reason for Requesting a new Administration of the VEMAT: (Explain why you believe the VEMAT should be readministered. Attach documentation that supports your Request for a new VEMAT to be administered. ADMINISTERING A NEW VEMAT WILL NOT OCCUR WITHOUT THIS DOCUMENTATION BEING ATTACHED TO THIS FORM).
