TN Department of Children's Services

Request for Residential Services or Programs (RRSP)

Date of Request: _____ **Type of Request:** _____ **Population to be Served:** _____

Region: _____ **Level of Service:** _____

Units of Services:	**Number of Bed Days:** (Units of Service X Number of days)	**Rate:**	**Maximum Liability:** (Bed Days X Rate)

Service Beginning Date: _____ **Service End Date:** _____

EXPANSION OF SERVICES (Complete this section only if the request is to expand services)**:**

Name of Provider: _____ **Phone Number:** _____

Program Name: _____ **Address of Service Delivery Location:** _____

Justification for Expansion or New Services: *Provide objective data supporting the need for expansion of services.*	

Special Requirements: _____

Name of Requestor: _____ **Date:** _____ **Phone #:** _____

Placement Services Division Team Coordinator	Date	Regional Administrator (RA) Signature	Date	Executive Director of Regional Support	Date

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

INSTRUCTIONS FOR COMPLETING FORM

- **This request is strictly for the expansion of residential programs or requests for additional services within existing programs.**
- **Foster Home expansion is excluded from this request.**

This is the official form that must be used when requesting an expansion or new services. A form must be completed for each level of service being requested. All questions on the form MUST be answered.

1. Date of Request	The date request is being made
2. Type of Request	Select "Expansion of Services" or "New Program""
3. Population to be served	Identify whether services will be delivered to males, females or both
4. Region	List the name of the region making the request. If this is a statewide request select "statewide". If there are more than two regions making the request, select the lead region making the request and add to the special requirements section the names of the other regions making the request.
5. Level of Service	List the level of service or type of program being requested (e.g. Foster Care, Level 2 etc.). If there are several service categories that are being requested, complete a new RRS.
6. Units of services	Identify the units of services to be purchased. Number of beds to be purchased.
7. Number of bed days	Units of service times number of bed days.
8. Rate	The current per diem rate for the level of service being purchased
9. Maximum Liability	The number of bed days times the rate. The total dollar amount of the contract.
10. Service Beginning Date	The date services will begin.
11. Service End Date	The date services will end.
12. Expansion of Services	Only complete this section if you are requesting the expansion of services with a current network provider.
13. Name of Provider	If you are requesting a new service or program, identify the name of the provider with whom you will expand services.
14. Program Name	If you are requesting a new service or program, identify the program name of the provider with whom you will expand services.

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15. Address of Service Delivery Location	Identify the address where services will be delivered.
16. Justification for expansion or new services	Regions must provide objective, quantifiable data to support the need for an expansion or new services or program. Review the Request for Services protocol.
17. Special Requirements	Identify any special requirements that should be included in the scope of services being delivered. In addition, if there are several regions making this request list the other regions in this section.
18. Name of Requestor	Identify the name of the person making the request
19. Date	Identify the date the request is being made
20. Phone Number	Identify the phone number of the requestor
21. Placement Services Division Team Coordinator	The Team Coordinator of the Placement Services Division must sign in this section
22. Date	The date the TC approved/signed the request
23. Regional Administrator (RA) Signature	The request requires the approval of the RA. The RAs signature is required in this section.
24. Date	The date the RA approved/signed the request