Texas Department of
Family Protective Services

REQUEST FOR INITIAL LEVEL OF CARE AUTHORIZATION

Form 2069c
Jan 2004

TO:

Youth for Tomorrow
624 Six Flags Drive, #126
ARLINGTON, TX 76011

(817)

FROM CONTRACTOR:

Name		
Telephone No.	FAX No.	
Address		
City	State	Zip

Date of Placement with Contractor:		Child's Name:	
Date of Birth:		Person ID:	Medical No.:
Ethnicity:	Sex:	County of Conservatorship:	Region:

☐ REQUEST FOR INITIAL AUTHORIZATION – Attachments:

- Contractor Common Application, form 2087c
- Most recent psychological / psychiatric report
- Information on medical problems or disabilities
- Description of any extenuating circumstances, or indidents

☐ REQUEST FOR RECONSIDERATION AFTER DENIAL – Attached is add'l information necessary for accurate determination.

CASEWORKER INFORMATION:

Name	
Telephone No.	FAX No.
City	Mail Code

Signature – Clinical Director

Date