**PLACEMENT MEMORANDUM**

To: Tabitha Kelly, Child and Family Services Division Director, CPMT Chair

 Glenda Pittman, Finance and Information Systems Division Director, CSA Fiscal Agent

From: **Director Name,** Credentials

Date:

Re: Placement Request

Ms. Kelly and Ms. Pittman

**Program** convened on **Date** to review the **Child’s Name** and their current needs; taking into consideration detailed information provided by **Names of Treatment Team Members.**

Considering the complex dynamics of **Child’s Name** and their support system needs, the **Program** is requesting approval for placement at **Vendor Name**, effective **Date You Would Like to Begin Placement**. The rationale and clinical need regarding this placement approval include the following:

* **Rationale 1**
* **Rationale 2**
* **Rationale 3**

We welcome any questions or concerns.

Sincerely,

*Director Name, Credentials*

*Title*

*Program (i.e. Courts, APS, Child Welfare, Community Services Board)*

*Telephone Number*

Cc:

*Child’s Name*, File

*Case Manager Name, Role*

*Case Manager Supervisor Name, Role*