

LDSS RESPONSE TO REQUEST FOR VEMAT REVIEW

Local Department of Social Services (LDSS) Directors or their designees have fifteen (15) business days in which to complete their review and determine if the VEMAT should be re-administered. The results of the review are to be documented on this form and a copy is to be provided to the individual requesting the review. The original form is placed in the child's case file.

Director/Designee Reviewing Foster Parent Request

Date of Review

Documents reviewed/Individuals Consulted:

DOCUMENTATION REVIEWED		INDIVIDUAL CONSULTATION
VEMAT <input type="checkbox"/>	CANS <input type="checkbox"/>	VEMAT rater <input type="checkbox"/>
Foster Parent Documentation of child's characteristics <input type="checkbox"/>		Foster Parent(s) <input type="checkbox"/>
Educational Reports <input type="checkbox"/>		Caseworker <input type="checkbox"/>
FC Agency Reports <input type="checkbox"/>		LCPA staff <input type="checkbox"/>
LCPA Reports <input type="checkbox"/>		Child/Youth <input type="checkbox"/>
Other Documentation <input type="checkbox"/> Please list		Birth Family/Relatives <input type="checkbox"/>
_____		Other <input type="checkbox"/> Please list

LDSS Director/designee decision (include rationale for decision made): _____

Individual(s) Receiving the " <u>RESPONSE TO REQUEST FOR VEMAT REVIEW</u> "	
Foster Parents <input type="checkbox"/>	Date Response emailed - _____ <u>OR</u> Date Response Mailed/Faxed/Given in Person _____
Guardian ad Litem <input type="checkbox"/>	Date Response emailed - _____ <u>OR</u> Date Response Mailed/Faxed/Given in Person _____
Other (list) _____	Date Response emailed - _____ <u>OR</u> Date Response Mailed/Faxed/Given in Person _____
Other (list) _____	Date Response emailed - _____ <u>OR</u> Date Response Mailed/Faxed/Given in Person _____