



# T.A.I.P.

TREATMENT ALTERNATIVE TO INCARCERATION PROGRAM

## RESIDENTIAL VENDOR EXTENSION FORM INSTRUCTIONS

### EXTENSION INSTRUCTIONS:

Please fill out all information above the Change in Treatment and/or Days section. (*Requests with missing information may be denied immediately.*) All requests need signature and printed name of vendor representative and are not valid unless signed by the Vendor Representative and TAIP Representative (after review).

### Change in Treatment and/or Days:

Indicate treatment summary and justification for the change in treatment/days.

If you are requesting a change in treatment, indicate the current mode and the requested mode of treatment. (A change from Intensive Residential to Supportive Residential is automatic after 30 days.) If you are requesting the client remain in a mode of treatment longer (before the expiration), your current treatment and requested treatment will be the same.

Authorizations are measured in DAYS ONLY. "Current Authorization" is for the number of intensive days and supportive days on the current authorization form. ~~the current authorization form.~~ In the spaces given for additional days being requested, note the number of additional intensive and supportive days needed (could be a plus or minus in days). In the spaces given for "total days to equal", note the new total of both intensive and supportive days (add or subtract the number of days you are requesting to the original authorization).

### EXAMPLE:

Probationer made minimal progress in the first few weeks of Intensive Residential Treatment, but is now doing very well. This client could benefit from 5 extra days in Intensive Residential Treatment before being moved to Supportive Residential Treatment.

CURRENT/ORIGINAL AUTHORIZATION:	<u>30</u>	Intensive Days	<u>60</u>	Supportive Days
EXTENSION REQUESTED FOR <u>ADDITIONAL</u> (+/-):	<u>+5</u>	Intensive Days	<u>-5</u>	Supportive Days
TOTAL DAYS TO EQUAL:	<u>35</u>	Intensive Days	<u>55</u>	Supportive Days

**REQUESTS MUST BE SUBMITTED AND APPROVED BEFORE SERVICES ARE RENDERED.**  
(Unless preapproved by TAIP representative) If denied, services rendered "in anticipation of approval" will not be paid. Completed request forms are to be faxed to TAIP @ 817-884-1986 before services are rendered. It will be signed by a TAIP Representative and faxed back to the vendor.