

Child's Name _____

Client IID _____

Requests for extension of QRTP approval periods can be made for up to 14 days. If the request requires for an approval longer than 14 days, please submit a Continued Stay Request at www.AssessmentPro.com along with the completed Continued Stay Review ([SFN 826](#)) form.

In order to be considered for QRTP Extension Request, both of the following must apply:

☐ Discharge Date Identified (specify the updated discharge date, which would be up to 14 days past the original approval period): _____

☐ Discharge Plan Identified (specify the child's updated and anticipated discharge plan from current QRTP placement): _____

This request will be reviewed by Maximus and outcome notification will be provided within 5 business days from submission of request.

Requested by: _____ Email Address: _____

Request Date: _____

Please submit completed form together with any additional discharge plan via the Maximus ND QRTP Help Desk at: ND_FFP@maximus.com.