North Dakota QRTP Qualified Individual
Extension Request Form

Child’s Name__________________________________________________

Client IID_____________________________________________________

Requests for extension of QRTP approval period may be made for a period of up to 14 days. If approval is
needed for longer than 14 additional days, please complete a complete Continued Stay Request.

In order to be considered for QRTP approval extension request, both of the following must apply:

☐ Discharge Date Identified (specify)________________________________
☐ Discharge Plan Identified (specify)________________________________

This request will be reviewed by Maximus and you will be notified of extension request approval or denial at the
email address below.

Requested by: ______________________ Email Address:_________________
Request Date: __________________

Note: This form is not to be used when requesting 14 days past placement maximums and policy 624-05-20-17
must be followed.

Please submit completed form together with any additional discharge plan via confidential fax utilizing the ND
FFPSA-specific fax cover sheet to Maximus at the following fax number: 877.431.9568.