



**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.