

# OTI Only

**THIS LETTER IS TO BE TYPED ON THE AGENCY'S LETTERHEAD**

Date:

To: Name of Receiving Out of County Services Specialist (*see Contact list*)  
Subject:: Request for (enter type of services)  
Re: Enter Child(ren)'s Name(s) and Date(s) of Birth

Dear (Name Specialist),

**Letter Content:**

- Describe the specific service(s) being requested including the name(s) of the placement resource, their address, telephone number and relationship to the child(ren),
- Explain circumstances leading to child(ren)'s removal from the home, including date removed, legal status of the child, current placement, and, date and type of next scheduled Court hearing.
- Note the Case Plan Goal and the Case Plan Status for any party involved in the request.
- Describe any special needs of the child(ren), including medical needs, physical handicaps, dietary requirements, allergies, medications, emotional problems (sexual acting out, violent or aggressive behavior, delinquency history, etc.). If the child is receiving SSI benefits note the dollar amount of these benefits. Also include their Medicaid number.
- Describe the visitation arrangements including any restrictions on visitation, where visitation will take place and who is responsible for arranging and supervising visitation.
- Provide the names and contact information for physicians, services providers and counselors actively involved with the child(ren). Also provide Medicaid numbers for each child.
- If child has not been seen in the current month, request the need for the child to be seen before the end of the month.

If any additional information is required, please call me at the number listed below.

Sincerely,

Case Manager's Name  
Title  
Work Telephone Number  
Work Email Address

Supervisor's Name  
Title  
Work Telephone Number  
Work Email Address