



# Productive Living Board In Home and/or Facility Based Residential Consumer Support Extension Request

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## Provider Agency(s) Information

Does the agency making the request for additional support hours have the hours available in the current PLB contract to provide services?  Yes  No

If yes, does the agency agree to provide the additional support if the extension is approved?  Yes  No

If No, has another agency been contacted and agreed to provide the additional support if approved?  Yes  No

## Other Agency Contact:

Agency Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## St. Louis Regional Center:

Service Coordinator: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you discussed the extension request with the service coordinator?  Yes  No

Number of additional units approved by SLRC: \_\_\_\_\_

## Requesting Agency

## Additional Agency

# of Hours Used Year-To-Date \_\_\_\_\_

# of Hours Used Year-To-Date \_\_\_\_\_

# of Hours Used Last Year \_\_\_\_\_

# of Hours Used Last Year \_\_\_\_\_

# of Hours Used Previous Year \_\_\_\_\_

# of Hours Used Previous Year \_\_\_\_\_

Dates Requested: \_\_\_\_\_

# of Additional Hours Requested: \_\_\_\_\_

\_\_\_\_\_  
Agency Representative signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Agency Representative Name (Print)

\_\_\_\_\_  
Date

***Please attach a letter of need for the additional hours requested.***

# Productive Living Board In Home and/or Facility Based Residential Consumer Support Extension Request

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**FOR OPLS USE ONLY:**

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**OPLS staff additional information and recommendation:**

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Program Specialist Signature

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Date

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- Recommendation Approved                       Recommendation Not Approved  
 Other (see comments below)

**Comments:**

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Director of Program Services and Quality Signature

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Date