VERMONT
DEPARTMENT OF HEALTH

Pediatric Palliative Care Program (PPCP) Additional Services Request Form

DIRECTIONS: Completed forms can be faxed to:
802-863-6344, Attn: Pediatric Palliative Care Program, or emailed to
Jess Boyea, Pediatric Palliative Care Program Coordinator at
Jessica.boyea@vermont.gov

CHILD'S INFORMATION

Full Name	DOB	PPCP Enrollment Date

ADDITIONAL SERVICES REQUESTED: Please check all that apply and indicate the amount of additional services

Services	Number of Additional Units Requested	Duration
Care Coordination		
Family/Caregiver Training		
Expressive Therapies		
Family Grief Support/Bereavement Counseling		

RATIONALE: Please answer as many questions as possible:

Why are increased services being requested?

Which care plan goal(s) will be addressed?

Please provide supporting documentation if possible

REQUESTING PROVIDER INFORMATION

Name	Agency
Email Address	Phone
Signature Date	FOR VDH USE ONLY Date Received