A Unified Planning Team (UPT) is an interagency team that collaborates to review complex cases of children up to 22 years of age. Please complete the following form to request a review by a Unified Planning Team.

**Date of this Request:** _________________________

**Background Information**

1. The Child whose case the Unified Planning Team is being requested to review
   - Name ___________________________________________
   - Date of Birth ______________ Age _______________
   - Current Address ______________________________________________

2. The Child’s Legal Custodian (for example, parent or legal guardian). If the child is his or her own legal custodian, please check here ___
   - Name ____________________________________________
   - Address ___________________________________________
   - Telephone _________________________________________
   - Email address ______________________________________

3. The Person Submitting this Request for Review by a Unified Planning Team
   - ☐ I am the child in Question 1 above and am authorized by law to request a review of my own case.
   - ☐ I am the child’s legal custodian in Question 2 above.
   - ☐ I am a justice of a Massachusetts Juvenile Court.
     - Name __________________________________________
     - Court _________________________________________
     - Telephone ________________________________
     - Email address ________________________________
   - ☐ I am a representative of a Massachusetts state agency and my agency has designated me to provide referrals requesting review by a Unified Planning Team.
     - Name _______________________________________
     - Agency ________________________________________
     - Telephone ________________________________
     - Email address ________________________________
**State Agency Involvement**

A Unified Planning Team collaborates when a child may qualify for services from multiple state agencies. Please list below the state agencies with which the child is currently involved or has a pending application:

Name of State Agency
___________________________________
Contact person and telephone number (if applicable) _____________________________________

Name of State Agency
___________________________________
Contact person and telephone number (if applicable) _____________________________________

Name of State Agency
___________________________________
Contact person and telephone number (if applicable) _____________________________________

Name of State Agency
___________________________________
Contact person and telephone number (if applicable) _____________________________________

Name of State Agency
___________________________________
Contact person and telephone number (if applicable) _____________________________________

**Educational Background**

1. Does the child attend school? Yes _____ No _____

2. If you answered yes to the prior question, please provide the following information:
   - Name of school district: ________________________________
   - Name and address of school: ________________________________

3. If the child receives special education services, please check here: _____
Request for Review by a Unified Planning Team

Please briefly tell us why you are requesting a review by a Unified Planning Team.
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
Are you working with an Attorney or Guardian Ad Litem (GAL)? If so please provide contact information below:

Name of Attorney/GAL  ______________________________________
Agency ___________________________________________________
Telephone _________________________________________________
Email address ______________________________________________

Please review the attached consent form and send it, along with this completed form, to the address below.

Office of Children, Youth and Families  
Executive Office of Health and Human Services  
One Ashburton Place, 11th floor  
Boston, MA 02108
CONSENT TO SHARE PERSONAL INFORMATION

CHILD’S NAME: __________________________
DATE OF BIRTH: _____________

A Unified Planning Team is a geographically based, interagency review team consisting of state agency representatives based on the needs of the child. The goal of a review by a Unified Planning Team is for representatives from different agencies to collaborate on complex cases.

This Consent concerns the sharing of personal information among the Executive Office of Health and Human Services (EOHHS), the Secretary of EOHHS, agencies within EOHHS, the Department of Secondary and Elementary Education (DESE), and the Department of Early Education and Care (DEEC) to the extent these parties are involved in a review by a Unified Planning Team. This Consent also concerns the sharing of personal information with the Division of Administrative Law Appeals (DALA), when applicable.

In providing or paying for health and human services, EOHHS, its agencies, and other state agencies, collect personal information about individuals and their families. The agencies keep such information confidential and only use or disclose it as permitted by law. This Consent is sought so that the Unified Planning Team may obtain and discuss this personal information in order to complete a fully coordinated review. The information will be used and disclosed, in accord with applicable privacy laws, to complete the Unified Planning Team review.

The agencies asking for consent through this form are:

- Executive Office of Health and Human Services, its Secretary, and the agencies within EOHHS, including the Office of Medicaid (MassHealth);
- Department of Elementary and Secondary Education (DESE);
- Department of Early Education and Care (DEEC); and
- Division of Administrative Law Appeals.

The client information to be shared, either in case discussions, or in writing, or electronically, is:

- Personal information needed to complete a coordinate Unified Planning Team review. This may include, but not be limited to, educational, employment, financial, and health (physical and behavioral) information, including medical records or any evaluation or assessment of the child, as well as information about family and community supports, services that may be needed or that are being provided by the agencies listed above or by other agencies.
- EOHHS state agency and MassHealth eligibility information
- MassHealth claims
  The information MassHealth shares with the EOHHS agencies under this consent may be re-disclosed and no longer protected by the HIPAA

Form revised August 2015
Privacy Rule. But each such agency will only use or disclose the information it receives in accord with confidentiality laws applicable to it.

By giving permission to share information noted above, please indicate whether you are giving permission to share any drug and alcohol treatment information:

_____ Yes, share drug and alcohol treatment information

_____ No, do not share drug and alcohol treatment information

May we share information with the child’s Local Education Authority/school?

_____ Yes

_____ No

This consent will expire in 12 months unless a specific expiration time is inserted here:
(insert the date, time period or an event to end the consent):

____________________________________________
Signature of Child or Child’s Personal Representative

____________________________________________
Printed Name of Person Signing

____________________________________________
Date

IF SIGNED BY A PERSONAL REPRESENTATIVE (that is, someone who has the legal authority to act on behalf of the individual, such as a parent of a minor child, or a legal guardian), please indicate below the type of legal authority you have for signing the Consent:

_____ Custodial Parent

_____ Legal Guardian (attach court order)

_____ Other (attach proper documentation)