DSHS WASHINGTON STATE Department of Social and Health Services

Developmental Disabilities Community Services (DDCS)
Residential Habilitation for Dependent Youth (RHDY)

RHDY Engagement Plan

* Plan Effective Date
* End Date

Child / Youth's Legal Name	* ADSA ID Number

* Child / Youth's Residence	City	State	Zip Code

Role	Name and Email	Correspondence	Telephone Number (Home, Work, Cell)
DCYF Case Worker		☐	
DCYF DD / MH Program Consultant		☐	
DCYF IRPC, if applicable		☐	
DDCS Case Resource Manager		☐	
DDCS Resource Manager		☐	
Parent / Legal Guardian Decision Maker: ☐ Yes ☐ No		☐	
Parent / Legal Guardian Decision Maker: ☐ Yes ☐ No		☐	
Representative Payee		☐	
CASA/GAL		☐	
DCYF Emergency Contact (must be able to consent to care)		☐	
Primary Care Doctor		☐	
Dentist		☐	
Mental Health Provider		☐	
School IEP / 504 Contact's Name		☐	
Educational Liaison (can be parent)		☐	

* Sections marked with an asterisk (*) indicate additional instructions at end of document.

* Significant Others (Family, Friends, and Neighbors)	Relationship to Child	Correspondence	Telephone Number (Home, Work, Cell)
		☐	
		☐	

* Correspondence: List any additional parties not listed and checked above (including family) who should be included in correspondence (including incident reports, quarterly reports, etc.). Please include name, email, and role (if not identified above). DCYF correspondence should include the case worker, IRPC (if applicable), and regional DD / MH Program Consultant. DDCS correspondence should include the Case Resource Manager and Resource Manager.
* Community agencies and formal support (i.e., WISe, mental health provider, and/or ABA provider
* Informal Community Agencies (i.e., church / YMCA / recreation center)
* School: What is the typical school schedule, who is the primary contact for the school, who is the IEP/504 Coordinator?
What are the child's identified and future goals?
* Are there areas of the child's care DCYF would like to see a focus on? How does this relate to the child's future goals / vision?
* Are there areas of the child's care the family would like to see a focus on? How does this relate to the child's future goals / vision?
* What is DCYF's vision for the first three months, six months, and year?
* What is the family's vision for the first three months, six months, and year?

* Sections marked with an asterisk (*) indicate additional instructions at end of document.

*** Care Plan (Daily Routine, Night-time Schedules, Care Preferences)**

*** Medical Appointments and Care (Scheduling, Transportation, Communication)**

Medical Consent form signed? ☐ Yes ☐ No

Included Supporting Documents

Safety plan:	☐ Yes ☐ No	State ID:	☐ Yes ☐ No
Family Time Plan:	☐ Yes ☐ No	Birth Certificate:	☐ Yes ☐ No
Social Security Card:	☐ Yes ☐ No	Insurance Cards:	☐ Yes ☐ No

Any legal documents, if applicable (probation, no contact orders, etc.): ☐ Yes ☐ No

Access to Technology

Youth will have access to the following technology:

Cell Phone:	☐ Yes ☐ No	Laptop:	☐ Yes ☐ No
Gaming System:	☐ Yes ☐ No	Tablet:	☐ Yes ☐ No
Streaming Device:	☐ Yes ☐ No	Other (please list):	☐ Yes ☐ No

The following supervision and support will be provided for the youth when accessing checked technology:

* Per DSHS Policy 5.25, any restrictions to technology or personal property by the provider must be addressed in the PBSP and documented through the modification screen in CARE. Parental controls can be added by the family or legal representative and should be monitored and reviewed regularly to determine whether restriction remains appropriate.

*** Financial Planning**

Does the provider assist in managing any portion of the client's funds? ☐ Yes ☐ No

Does the client require support to acquire money management skills? ☐ Yes ☐ No

* Sections marked with an asterisk (*) indicate additional instructions at end of document.

* Personal Expenses: Providers must fully use a youth's monthly Personal Needs Allowance (PNA) before requesting supplemental funds from DCYF. Prior written authorization from DCYF is required for reimbursements totaling $75 or more in a calendar month that is beyond the youth's PNA. Regardless of the threshold, all purchases beyond the PNA must be communicated, and receipts emailed monthly to the DCYF caseworker and the DCYF DD/MH Program Consultant. DDCS is not involved in this process.

Note: See Personal Expenses under RHDY Engagement Plan Instructions at the end of this document for more detailed information.

*** Cultural Considerations / Occasions**

Does the youth and/or family have important cultural considerations or spiritual preferences (holidays, birthdays, other cultural / spiritual occasions) that should be supported by their provider?
☐ Yes ☐ No
If yes, please describe:

Birthdays: How does the youth and/or family celebrate birthdays?

Holidays: What holidays are of importance to the youth and/or family?

Summer Break: Does the youth typically attend a summer program or other summer activities?

Vacation Plans:

Other:

*** Family Time Plans**

The RHDY provider is unable to provide transportation or to supervise / monitor family time. DCYF must make these arrangements.

What is the current schedule for family time?

How is family time occurring (phone calls, in person visits, supervised, monitored, unsupervised)?

* Sections marked with an asterisk (*) indicate additional instructions at end of document.

For supervised and monitored family time, how will the RHDY provider be notified of changes to scheduling? Please include name and contact information for the visit supervisor.	
Who will be providing transportation for family time visits? Please include name and contact information.	
Note: To support family time plans, DDCS and the RHDY provider must receive copies of the current court order showing the family time plan (other areas of the courts order may be redacted).	
As the legal representative, I agree to the terms outlined above and will notify my child's DDCS social service specialist and provider if changes occur. This form can be updated and revised as needed.	
Signature of DCYF Case Manager: **Print Name Here**	Date
Signature of Licensed or Certified Provider: **Print Name Here**	Date
Signature of Parent or Legal Representative: **Print Name Here** ☐ CHECK IF LEGAL REPRESENTATIVE.	Date

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RHDY Engagement Plan Instructions

This form should be completed prior to entry into Residential Habilitation for Dependent Youth Services. The Legal Representative, DDCS Social Worker, and RHDY provider should all attend the RHDY Engagement plan meeting. Legal representatives should be given this form prior to the child moving into service. Families should be included in plan development when appropriate and supported by DCYF.

Plan Effective Date: The effective date of the plan is the date the form is signed. The form should be reviewed during the time of the annual assessment as well as updated as needed during the 90-day visits.

End Date: 364 days from the plan effective date.

ADSA ID Number: System generated number when client record is established.

Child / Youth's Residence: Location of the licensed or certified residence.

Significant Others: All people who are involved in the child / youth's life that have consent to contact or visit the child.

Correspondence: Identify who will be receiving information related to the child or youth including incident reports, IISP updates, quarterly reports, etc. There should be two DCYF contacts included in correspondence related to the client.

Community Agencies and Formal Supports: Outline what the plan is for providing these supports and how that is going to occur (e.g., identifying a PCP and scheduling dental work).

Informal Community Agencies: Outline what the plan is for providing these supports and how that is going to occur (e.g. child has a membership to the YMCA that will accompany them to the RHDY program, RHDY staff will transport to the YMCA weekly).

School: Outline who will be coordinating school services, how the parent will be involved, attendance at the Individualized Education Program (IEP) meetings, after-school programs, extracurricular activities, etc. Also include information regarding a typical school schedule. If the child is not currently enrolled in the school district where he/she will be receiving RHDY services, include child's current school contact information and how the transfer of records will occur (if applicable).

Areas of Focus and Future Goals: This is an opportunity for the child, DCYF and the family to discuss habilitative goals with the provider and where they would like to focus supports.

Vision for the first three months, six months, and year: Expectations around what the child, DCYF and the family are hoping to receive while in a RHDY setting. Include goals, dreams, and desires that the family has for their child, or those that the child may want to achieve.

Care Plan: Include information such as clothing preferences, personal care routine, nail and hair grooming routines, cultural preferences, bed-time routines, etc.

Medical Appointments: Outline who will be attending, transporting, communicating, and delineating the RHDY plan regarding medical appointments.

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Financial Plan: Outline how the child / youth's financial needs will be met. Indicate who will serve as the Representative Payee. Describe decisions and plans about the child / youth's finances, i.e., establishing an ABLE trust account, burial account, child / youth allowance, child support, etc.

DSHS Policy 5.25 – Integrated Settings: Access to technology is considered a vital component of supporting individuals (e.g., children, youth, and adults) in integrated settings. This policy affirms that individuals supported in DDCS residential settings / services have the right to, 1) Access personal technology to the same extent as peers in the broader community, 2) Use technology to communicate, access information, maintain personal relationships, and participate in community life, 3) Receive support in learning to use technology effectively if needed, especially for communication, scheduling, or navigation, and 4) Have restrictions on technology use only when supported by a documented health and safety concern and outlined in their Person-Centered Service Plan (PCSP), with the least restrictive means used. The aim is to promote independence, communication, and full inclusion – technology being a key tool in achieving this.

Personal Expenses: A youth's Personal Needs Allowance (PNA) must be fully utilized before requesting supplemental funds from DCYF. If the total amount of essential item purchases (e.g., clothing, hygiene products, school-related items) to be reimbursed equals or exceeds $75 in a calendar month — whether through a single purchase or multiple combined purchases — prior written authorization from DCYF is required. This request must be submitted directly to the DCYF Caseworker and the Regional DCYF DD/MH Program Consultant and Supervisor. For purchases under the $75 threshold, prior approval is not required; however, communication with the DCYF Caseworker and DCYF DD / MH Program Consultant remains essential. Providers must email copies of all receipts for any purchases beyond the youth's PNA—regardless of whether the $75 threshold is met — monthly to both the DCYF Caseworker and Regional DD/MH Program Consultant. This process is solely between the provider and DCYF; DDCS is not involved in any aspect of authorization, communication, or reimbursement. Consistent communication helps ensure youth receive the items they need without unnecessary delay, and DCYF's intent is to support providers in meeting youth needs — not to create barriers. Providers are expected to maintain clear documentation of all PNA expenditures and have a process in place for obtaining DCYF approval when needed.

Cultural Considerations / Occasion: This section outlines how the youth's cultural identity - including their spiritual beliefs, traditions, and heritage - will be respected and supported during the time in the RHDY program. Coordination between the youth, provider, and DCYF should ensure access to cultural events, holidays, and practices meaningful to the youth or their family. Planning may include consideration to dietary needs, clothing, ceremonies, and access to community-specific resources or gatherings.

Family Time Plans: Outline how the youth, provider, and DCYF will coordinate participation in family time. This includes any safety considerations as well as scheduling, transportation, and accommodations for video or in person visits. DCYF is responsible for providing or arranging supervision or monitoring of family time when required.

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