OUT-OF-HOME SERVICES ACKNOWLEDGEMENT

This document, signed by a parent or legal guardian, acknowledges their custodial responsibility and decision-making authority while the child is receiving Out-of-Home services from a licensed or certified provider.

<table>
<thead>
<tr>
<th>CHILD’S NAME (FIRST, MIDDLE, LAST)</th>
<th>DATE OF BIRTH</th>
<th>ADSA ID NUMBER</th>
</tr>
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By signing this document, I, __________________________, as the parent(s) / legal guardian of __________________________, acknowledge:

a. DSHS/DDA are offering services through Medicaid Home and Community Based Waiver Services or roads to community living;
b. Services that are provided under the DDA person-centered service plan are voluntary and I may terminate services at any time;
c. Enrollment in out-of-home services does not affect my legal rights and responsibilities as a parent or legal guardian;
d. My child is currently not in custody of the Department of Children, Youth and Families (DCYF) pursuant to RCW 13-34-050 or 26.44.050, placed in shelter care pursuant to RCW 13-34-060, or placed in foster care pursuant to RCW 13.34.130;
e. I retain the authority to:
   i. Authorize medical care for my child; and
   ii. Make all legal decisions for my child.
f. I continue to be legally responsible for:
   i. Caring for my child;
   ii. My child if out-of-home services are disrupted; and
   iii. The cost of my child’s care, including room and board and basic expenses that are not covered by private insurance, Medicare, the Medicaid state plan, or other funding sources.

Parent / legal guardian agrees:

I agree to fulfill the following responsibilities while my child receives out-of-home services:

1. I must keep my DDA case manager informed of my current address and telephone number and notify my case manager within seven days if my contact information has changed.
2. I must maintain weekly contact with my child and actively participate in care planning for my child.
3. I must participate in the development and ongoing and annual assessment of my child's individual educational plan and maintain regular communication with the licensed or certified provider and school representatives.
4. I must coordinate all medically necessary physical or behavioral health benefits available through private insurance, Medicare, or the Medicaid state plan and communicate and coordinate these benefits with the licensed or certified provider.
5. I must apply for income and benefits available to my child and provide the necessary information to keep them active.
6. I must participate in:
   a) The development and implementation of the child and family engagement plan;
   b) Team meetings; and
   c) The DDA annual assessment, including the person-centered service plan.
7. I must establish a representative payee to manage the client's social security or supplemental security income and comply with the client responsibility and basic expenses.
8. I must ensure payment of the client responsibility or basic expenses. Nonpayment may jeopardize the client's services with a provider.
9. I must provide DDA with a copy of the court ordered shared parenting plan and/or divorce decree when applicable.

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<tr>
<th>SIGNATURE OF PARENT / LEGAL GUARDIAN</th>
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<tr>
<td>SIGNATURE OF DDA CASE RESOURCE MANAGER</td>
<td>DATE</td>
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</tbody>
</table>

I, __________________________, (PRINT PARENT’S NAME) certify under penalty of perjury that the following is true and correct, that I have legal custody of the child, or the child resides with me a majority of the time as specified in a parenting plan, or I have the authority pursuant to a parenting plan to consent to this agreement.

| SIGNATURE OF OUT-OF-HOME SERVICES LEGAL REPRESENTATIVE | DATE | LOCATION (CITY, STATE) |

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DSHS 09-004C (REV. 11/2021)