

DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)
Request for Children's Out-of-Home Services

NAME OF CHILD / YOUTH		AGE	DATE OF BIRTH
NAME OF PARENT(S) OR LEGAL GUARDIAN (SEE DEFINITION BELOW)			DATE OF REQUEST
ADDRESS	CITY	STATE	ZIP CODE
Does this child live with you at this address? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please provide explanation:			
I / we are the legal and custodial parent(s) of this child. <input type="checkbox"/> Yes <input type="checkbox"/> No If applicable, parents or legal guardian has provided court documentation verifying custodial relationship. <input type="checkbox"/> Yes <input type="checkbox"/> No			
ADDITIONAL LEGAL INFORMATION RELATIVE TO YOUR CHILD			
PARENT'S CURRENT HOME TELEPHONE NUMBER		E-MAIL ADDRESS	
PARENT'S CURRENT HOME TELEPHONE NUMBER		E-MAIL ADDRESS	
PARENT'S CURRENT WORK TELEPHONE NUMBER	E-MAIL ADDRESS	CURRENT CELL PHONE NUMBER	
PARENT'S CURRENT WORK TELEPHONE NUMBER	E-MAIL ADDRESS	CURRENT CELL PHONE NUMBER	
<p>Chapter 71A.28 RCW governs Out-of-Home Services. It is the intent of the legislature that when the sole reason for out-of-home services is the child's developmental disability, such services be offered through a voluntary person-centered service plan. Parents or the legal guardians retain legal custody of their child and decision making remains their responsibility. By signing, you are affirming you are the custodial parent of the child / youth named above. The parent or legal guardian may terminate services at any time. If the child / youth's parents are married and living together, both parents are not required to sign. If a child / youth's parents are separated, consultation with and signature is required of both parties. Exceptions may be made with a signed court order that delineates one parent the sole authority to direct the minor child / youth's services, or when there is evidence that one parent has explicitly or functionally relinquished the parenting role. WAC 388-826-0005 defines parent as a biological or adoptive parent, guardian, or legal custodian with legal authority to make decisions on behalf of the child regarding healthcare and public benefits.</p>			
SIGNATURE OF PARENT OR LEGAL GUARDIAN			DATE
SIGNATURE OF PARENT			DATE
SIGNATURE OF OHS COORDINATOR OR DESIGNEE			DATE

DISTRIBUTION: Copies to: Parent; Client File; HQ Children's Residential Program Manager