



DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)
 COMMUNITY CRISIS STABILIZATION SERVICES (CCSS)
CCSS Medical / Dental Services Authorization

Community Crisis Stabilization staff: Please take this form with you when seeking emergency or routine medical / dental services for children who are receiving Community Crisis Stabilization Services from the Developmental Disabilities Administration and are in your care.

This is to confirm _____ , _____
 that CHILD'S NAME DATE OF BIRTH

is receiving Community Crisis Stabilization Services with the Developmental Disabilities Administration, Department of Social and Health Services.

The birth / adoptive parent or legal guardian _____
 authorizes LICENSED PROVIDER

to obtain and sign for routine and emergency medical and dental examination and care, as recommended by the child's

treating licensed health care provider. This routine care includes well child examinations, immunizations, visual and/or auditory screening, and routine ill child care as well as regular dental examinations and treatments.

Non-emergency care (for example, counseling and treatment, surgery, HIV testing, insertion of ear tubes, neurological examinations, orthodontics, etc.) must have prior approval and requires consultation with the birth / adoptive parent or legal guardian.

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| PARENT / GUARDIAN'S SIGNATURE | DATE | TELEPHONE NUMBER |
| COMMUNITY CRISIS STABILIZATION SERVICES REPRESENTATIVE'S SIGNATURE | DATE | TELEPHONE NUMBER |
| DSHS / DDA SOCIAL WORKER'S SIGNATURE (WITNESS) | DATE | TELEPHONE NUMBER |

This form was written in accordance with RCW 7.70.065 – Informed Consent – Section 2(a)(iv).

In the event of an emergency involving this child, it is the responsibility of Community Crisis Stabilization staff to immediately call the birth/adoptive parent or guardian listed above and the Developmental Disabilities Administration (DDA), Case Resource Manager / Social Worker.