



DEPARTMENT OF SOCIAL AND HEALTH SERVICES (DSHS)  
RESIDENTIAL HABILITATION FOR DEPENDENT YOUTH (RHDY)  
**DSHS New School District Notification  
following Mutual Acceptance into RHDY**

To: \_\_\_\_\_, Special Education Director

CC: **Parent; RHDY Provider; Other school contacts**

RE: Introductions and Information regarding RHDY

I am writing to introduce myself, share some information about the DSHS Residential Habilitation for Dependent Youth (RHDY) program and confirm that **Client's Name** will soon be moving into a RHDY home, at **RHDY Home Physical Address** in your district.

The RHDY program provides residential habilitation services to children and youth in a community-based setting. While youth in RHDY are supported outside of their family home, they continue to live in a home environment, where they are supported and encouraged to access and fully engage with their local community, including participation in their local school district. The service is voluntary, agreed to by the Department of Children, Youth, and Families (DCYF) and/or the parents (if applicable) and the certified RHDY provider, who work in partnerships to support the youth.

For youth served under RHDY, DCYF retains legal custody, and is the party responsible for identifying an Educational Decision Maker (EDM). Parents are presumed to retain EDM authority unless limited by the court and/or not currently involved in the youth's everyday life. This person will be responsible for all educational decisions, including participation in IEP meetings and school enrollment. The EDM will not be DDCS staff or the residential provider. The residential provider will support day-to-day school access and collaborate with the EDM and IEP team as appropriate.

You can read more about RHDY in the hyperlinked [RHDY Fact Sheet](#)

While the EDM, DCYF, and the RHDY provider will be the primary contacts for matters regarding school, I am also available to collaborate at any time. I have included a signed consent for the release of information between DDCS and your school district. I have also included a list of key contacts below. For additional information, please reference youth's DCYF School Notification Form ([DCYF 09-093](#)).

We look forward to partnering with you in supporting **Client's Name** during their time in OHS in the **School District's Name** school district.

**RHDY Coordinator or Designee**

Key contacts working with **Client's Name** include:

Educational Decision Maker's Name	Email	Phone (with area code)
DCYF Social Service Specialist's Name	Email	Phone (with area code)
OHS / RHDY Provider's Name	Email	Phone (with area code)
DDCS Case Manager / Social Service Specialist's Name	Email	Phone (with area code)
Other Name	Email	Phone (with area code)
Other Name	Email	Phone (with area code)
Other Name	Email	Phone (with area code)

**Attachments:** Signed [Consent](#) form, DDCS RHDY Fact Sheet  
[Residential Habilitation for Dependent Youth Fact Sheet](#)