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|  | 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?  Yes  No  If no, please provide explanation: | | | | | | | |
| I / we are the legal and custodial parent(s) of this child.  Yes  No  If applicable, parents or legal guardian has provided court documentation verifying custodial relationship.  Yes  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 | |
| **By signing, you are affirming you are the custodial parent of the child / youth named above. One custodial parent must sign and date the request form unless a court has determined decisions regarding alternative residence must be made unanimously; or there is evidence that one parent has explicitly or functionally relinquished the parenting role. The parent or legal guardian may terminate services at any time. 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.** | | | | | | | |
| 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 | | | | | | | |