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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 **[ ]**  NoIf no, please provide explanation: |
| I / we are the legal and custodial parent(s) of this child. **[ ]**  Yes **[ ]**  NoIf 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 |