

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	
<b>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.</b>			
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