



DEVELOPMENTAL DISABILITIES ADMINISTRATION  
OUT-OF-HOME SERVICES (OHS) / ENHANCED RESPITE SERVICES

1. DATE
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### School District Communication

2. CLIENT NAME	3. DATE OF BIRTH	4. DDA ID NUMBER
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5. COMMENTS (TRANSITION IN OR OUT OF OUT-OF-HOME SERVICES OR APPROVED FOR ENHANCED RESPITE SERVICES INCLUDING LENGTH OF TIME CHILD WILL BE OUT OF SCHOOL)

**Parent / Legal Guardian Information**

6. NAME	7. NAME
ADDRESS	ADDRESS
CITY STATE ZIP CODE	CITY STATE ZIP CODE
TELEPHONE NUMBER	TELEPHONE NUMBER

8. OTHER RELEVANT INFORMATION (COURT ORDER DELINEATING DECISION MAKING AUTHORITY)

**Contracted Residential Provider Information**

9. RESIDENTIAL AGENCY / CHILD FOSTER HOME PROVIDER NAME	10. PRIMARY CONTACT
11. ADDRESS	12. RESIDENCE TYPE (CHECK ONE)
CITY STATE ZIP CODE	<input type="checkbox"/> Child Foster Home <input type="checkbox"/> Group Care Facility <input type="checkbox"/> Staffed Residential Home <input type="checkbox"/> Enhanced Respite Services
TELEPHONE NUMBER	

**DSHS / DDA Contact Information**

13. SOCIAL SERVICE SPECIALIST / DDA CRM	14. SUPERVISOR
15. ADDRESS	16. ADDRESS
CITY STATE ZIP CODE	CITY STATE ZIP CODE
TELEPHONE NUMBER FAX NUMBER	TELEPHONE NUMBER FAX NUMBER

**Previous School District Information**

17. DATE	18. NAME OF SCHOOL
19. ADDRESS	CITY STATE ZIP CODE
20. CONTACT PERSON	TELEPHONE NUMBER FAX NUMBER

**Receiving School District Information**

21. DATE	22. NAME OF SCHOOL
23. ADDRESS	CITY STATE ZIP CODE
24. CONTACT PERSON	TELEPHONE NUMBER FAX NUMBER

**25. Information Provided by DDA Social Service Specialist / Case Resource Manager (Check all attached)**

<input type="checkbox"/> Consent to release information – required	<input type="checkbox"/> DDA Assessment / PCSP
<input type="checkbox"/> Previous School Records/IEP	<input type="checkbox"/> Behavioral Plans – FA / PBSP
<input type="checkbox"/> Medical reports including OT, PT, SLP evaluations	

## Instructions

This form will be used for the following purposes:

- The Out-of-Home Services (OHS) staff will utilize the School District Communication form to provide notification to school districts for children / youth who receive children's residential services out of the family home and are moving / changing local schools as a result of this service.
- The DDA Case/Resource Manager will utilize the School District Communication form to provide notification for documentation and planning purposes in the local school for children/youth who have been approved and authorized for Enhanced Respite Services and who plan to be out of school for an extended period of time. This form is to be utilized as a communication tool between the parent, department, and school.

1. Date: Insert date form is being completed.
2. Client name
3. Date of birth
4. DDA ID number: Insert DDA ID as identified in the CARE tool.
5. Comments: Include comments indicating whether the client is moving into a new residential facility / child foster home from the family home, changing school districts as a result of a change in OHS provider, or will be out of school for an extended period of time while receiving Enhanced Respite Services.
6. Parent / legal representative name, address and telephone number
7. Parent / legal representative name, address and telephone number
8. Other relevant information: Include information such as: court order delineating custody agreements, guardianship, 3<sup>rd</sup> party custody, etc.
9. Residential Agency / Child Foster Home provider
10. Primary Contact: Identify name of person responsible for having primary contact with the school.
11. Residential Agency / Child Foster Home provider address and telephone number
12. Residence type: Check one based upon type of license.
13. DDA social service specialist or case resource manager name
14. DDA OHS / CRM supervisor name
15. DDA social service specialist / CRM address including telephone and fax number
16. DDA OHS / CRM supervisor address including telephone and fax number
17. Date: Projected date client will be leaving current school.
18. Name of School: Name of current school.
19. Address: Address of current school.
20. Contact person: Name, phone number and fax number of primary contact at client's current school.
21. Date: Projected date client will be attending new school.
22. Name of School: Name of new school.
23. Address: Address of new school.
24. Contact person: Name, phone number and fax number of primary contact at client's new school.
25. Information provided by DDA social worker: Check all information that is provided along with the form.

### Process for children approved for Out-of-Home Services

1. DDA Social Service Specialist (SSS) or designee will send the School District Communication form to the applicable school district upon confirmation of approval for Out-of-Home Services in which the move from the family home results in the child / youth attending a new school district or a change in census for a DDA child / youth within a child foster home, staffed residential home, or group care facility.
2. Parent or legal guardian for the youth selects a residential option and confirmation that a transition will occur.
3. DDA receives consent to release information to the school district signed by parent or legal guardian. (Not applicable for youth transitioning out of the residential home.)
4. This form is faxed to applicable school district with attached appropriate information. (Ensure that current school contact information is provided if IEP is not available.)
5. Form provides all contact information and comments on youth's legal status with the decision maker identified.
6. School District to acknowledge the receipt of the census change form by contacting the DDA SSS or designee.
7. DDA, residential agency / child foster home provider and school districts to correspond with transition timelines and support needs for the youth in order to provide continuity of service delivery.