



Developmental Disabilities Administration (DDA)
**Request for Residential Habilitation for
 Dependent Children's Services**

Name of Child / Youth		Age	Date of Birth
Name of DCYF Case Worker		DCYF Case Worker Email	Date of Request
DCYF Mailing Address		City	State Zip Code
Where is the child currently residing? <input type="checkbox"/> Relative Placement <input type="checkbox"/> Foster Home <input type="checkbox"/> Therapeutic Foster Home <input type="checkbox"/> QRTP <input type="checkbox"/> Hospital <input type="checkbox"/> Other Current client address:			
What is the youth's current dependency status: <input type="checkbox"/> Shelter Care <input type="checkbox"/> Dependent Is the youth legally free: <input type="checkbox"/> Yes <input type="checkbox"/> No Supplemental Security Income (SSI) application filed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Prior to entering RHDY, DCYF must provide: <u>For all youth:</u> Parental consent, or a court order* authorizing DCYF to consent to RHDY services. Documentation of any income that the youth receives. Copy of the "Order and Authorization Regarding Healthcare and Education" <u>For youth 15 and under:</u> <input type="checkbox"/> Birth Certificate (certified is preferred) <input type="checkbox"/> Social Security Number Verification Letter <u>For youth over 15:</u> <input type="checkbox"/> State ID Card <input type="checkbox"/> Certified Birth Certificate <input type="checkbox"/> Social Security Card			
DCYF Case Worker Name		Telephone Number	Email Address
DCYF Supervisor Name		Telephone Number	Email Address
Consent for RHDY Request: By signing, you are affirming your request to pursue children's residential services under the RHDY program through DDA. DDA services are voluntary. DCYF, or youth over the age of 18, may terminate services at any time. For youth under 18, if a parent is unable or unwilling to consent, a court order authorizing DCYF to consent to the RHDY program must be received prior to a client entering the program. IMPORTANT: The court order must only authorize consent, it should not order a youth to RHDY services or DDA placement.			
Signature of DCYF Case Worker (or Legal Representative)			Date
Signature of Parent or Guardian			Date

Distribution: Original – DDA Client Files; Copies – Client, Licensed Provider, and DCYF