



DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)
Request for Children's Residential Services

NAME OF CHILD / YOUTH		AGE	DATE OF BIRTH
NAME OF PARENT(S)			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 have provided court documentation verifying custodial relationship. <input type="checkbox"/> Yes <input type="checkbox"/> No			
ADDITIONAL LEGAL INFORMATION RELATIVE TO YOUR CHILD			
MOTHER'S CURRENT HOME TELEPHONE NUMBER		E-MAIL ADDRESS	
FATHER'S CURRENT HOME TELEPHONE NUMBER		E-MAIL ADDRESS	
MOTHER'S CURRENT WORK TELEPHONE NUMBER	E-MAIL ADDRESS	CURRENT CELL PHONE NUMBER	
FATHER'S CURRENT WORK TELEPHONE NUMBER	E-MAIL ADDRESS	CURRENT CELL PHONE NUMBER	
<p>RCW 74.13.350 governs Voluntary Placement Services. It requires that the purpose of the requested placement is based solely on the child/youth's disability. Parents retain legal custody of their child and decision making remains their responsibility. By signing, you are affirming you are the custodial or legal representative of the child/youth named above. If the child/youth's parents are married and living together, both parents are not required to sign. If a child/youth's parents are separated, consultation with and signature is required of both parties. Exceptions may be made with a signed court order that delineates one parent the sole authority to direct the minor child/youth's services, or when there is evidence that one parent has explicitly or functionally relinquished the parenting role.</p>			
SIGNATURE OF PARENT			DATE
SIGNATURE OF PARENT			DATE
SIGNATURE OF VPS COORDINATOR OR DESIGNEE APPROVAL			DATE

DISTRIBUTION: Copies to: Parent; Client File; HQ VPS Program Manager