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|  |  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? **[ ]**  Relative Placement **[ ]**  Foster Home **[ ]**  Therapeutic Foster Home **[ ]**  QRTP **[ ]**  Hospital **[ ]**  OtherCurrent client address:  |
| What is the youth’s current dependency status: **[ ]** Shelter Care **[ ]**  Dependent Is the youth legally free: **[ ]**  Yes **[ ]**  NoSupplemental Security Income (SSI) application filed? **[ ]**  Yes **[ ]**  No |
| **Prior to entering RHDY, DCYF must provide:**For all youth: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” For youth 15 and under:[ ]  Birth Certificate (certified is preferred) [ ]  Social Security Number Verification LetterFor youth over 15:**[ ]** State ID Card [ ]  Certified Birth Certificate [ ]  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 |