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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  Other  Current client address: | | | | | | | |
| What is the youth’s current dependency status: Shelter Care  Dependent  Is the youth legally free:  Yes  No  Supplemental 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 Letter  For 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 | | |