

**PARENTAL FEE PROGRAM
HOME LEAVE CREDITS (HLC)
DS 1214 (rev: 2016)**

REQUIREMENT: A daily credit can be given to parents who take their child out of the 24-hour care facility for a period of 6 consecutive hours in a 24-hour period. Parents must complete this form and submit their request within 60 days of the date of each home visit. Approved credits will appear on the following month's billing statement.

CHILD'S NAME: _____

ACCOUNT NUMBER: _____

PARENT(S) NAME: _____

TELEPHONE NUMBER: _____

Parent's Signature: _____
Date: _____

Child Left from 24-hour Care Facility

Child Returned to 24-hour Care Facility

Start Date	Start Time	Circle one	End Date	End Time	Circle one
_____	_____	am/pm	_____	_____	am/pm
_____	_____	am/pm	_____	_____	am/pm
_____	_____	am/pm	_____	_____	am/pm
_____	_____	am/pm	_____	_____	am/pm
_____	_____	am/pm	_____	_____	am/pm
_____	_____	am/pm	_____	_____	am/pm
_____	_____	am/pm	_____	_____	am/pm
_____	_____	am/pm	_____	_____	am/pm
_____	_____	am/pm	_____	_____	am/pm

CARE FACILITY NAME: _____

TELEPHONE NUMBER: _____

I certify that I have reviewed the date(s) and time(s) listed above and that the information provided on this form is true and accurate to the best of my knowledge.
FACILITY SIGNATURE: _____ **DATE:** _____
PRINT YOUR NAME: _____

Return completed form to:
Department of Developmental Services
Client Financial Services
P.O. Box 944202, MS 2-3
Sacramento, CA 94299-9996
Fax number: 916-653-4587

Parental Fee Staff Use Only:
Number of day(s) approved: _____
Manager's signature: _____
Date reviewed: _____