

**PARENTAL FEE PROGRAM
HOME LEAVE CREDITS (HLC)
DS 1214 (12/2010)**

CLIENT'S NAME: _____

ACCOUNT NUMBER: _____

PARENT(S) NAME: _____

TELEPHONE NUMBER: _____

SIGNATURE OF PARENT: _____

<u>Date:</u>	<u>Time Client Left from Community Care Facility:</u>	<u>Time Client Returned to Community Care Facility:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CARE FACILITY AUTHORIZATION IS ATTACHED: _____ *(please check if attached)*

CARE FACILITY NAME: _____

TELEPHONE NUMBER: _____

I certify that based on information and belief formed after reasonable inquiry, the date and time information contained in this submittal are true, accurate, and complete.

Signature: _____

Date: _____

Printed Name: _____

Instructions: Parents must submit HLC requests within 60 days of the home visit dates.

Parental fee accounts must be current on payments for credits to be applied.

Return completed form to:
**Department of Developmental Services
Client Financial Services
P.O. Box 944202, MS 2-3
Sacramento, CA 94244-2020**