

**PARENTAL FEE PROGRAM  
HOME LEAVE CREDITS (HLC)  
DS 1214 (rev. 8/2023)**

**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  
1215 O Street, MS 10-30  
Sacramento, CA 95814  
Fax number: 916-653-4587

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