PARENTAL FEE PROGRAM HOME LEAVE CREDITS (HLC)

DS 1214 (New 4/2007) (Electronic Version)

(Please Print)		
CLIENT'S NAME:		
(UCI) ACCOUNT NUMBE	R:	
PARENT(S) NAME:		
TELEPHONE NUMBER:	()	
MONTH:		
Date:	Time Client Left Group Home:	Time Client Returned To Group Home:
Signature of Pare	ent:	

Confidential Client Information W&I Code, Sections 4514 and 5328

INSTRUCTIONS: Return completed form to:

Department of Developmental Services

Parental Fee Program 1600 Ninth Street (MS 2-3)

P. O. Box 944202 Sacramento, CA 94244-2020