Request for Documentation Child of Disability

Part I: To be completed by parent/guardian requesting child care services

Parent/Guardian name	Child's name	
Child's:/		SS# (If available)
Date of Birth		oon (ii available)
Home address City	State	Zip Code
()		
Telephone number		
Consent for release of information: I authorize the phy disability for which I am requesting subsidized child ca	are services, to make informatio	on from such records available to ELRC of
Allegheny County for the purpose of determining my e	eligibility for subsidized child car	re services for my child.
Parent/Guardian Signature		te
a distributation organization		
Part II: To be completed by licensed physical parent/guardian above in requesting sub-		o for a shild over 12 years of ago
The parent/guardian above is requesting subpased on the disability of the child. Please c		
certify that in my professional opinion,		requires child care
considered due to a modical impoimment that is even	acted to continue until	(month) (voor
services due to a medical impairment that is exp	ected to continue until	(month)(year
	ected to continue until	
Nature of the disability: Physical I	Behavioral Developmo	ental
Nature of the disability: Physical I	Behavioral Developmo	ental
Nature of the disability: Physical E Diagnosis of present medical condition: Developmental Age IN MONTHS:	Behavioral Developmo	ental
Nature of the disability: Physical I	Behavioral Developmo	ental
Nature of the disability: Physical E Diagnosis of present medical condition: Developmental Age IN MONTHS:	Behavioral Developme	ental No
Nature of the disability: Physical Elements Physical Physical Physical Physical Physical Physical Prognosis: Is the condition static?	Behavioral Developme	ental No
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Nature of the disability: Physical Elements Physical Physical Physical Physical Physical Physical Prognosis: Is the condition static?	Behavioral Developme Yes	ental No
Nature of the disability: Physical Elements of present medical condition: Physical Elements of present medical condition: Physical Elements of present medical condition: Prognosis: Is the condition static? If no, what optimum improvement can be expected.	Behavioral Developme	ental No
Nature of the disability: Physical Physical Diagnosis of present medical condition: Prognosis: Is the condition static? If no, what optimum improvement can be expected the physician/Psychologist Name	Pehavioral Development Develop	ental No
Nature of the disability: Physical Physical Diagnosis of present medical condition: Developmental Age IN MONTHS: Prognosis: Is the condition static? If no, what optimum improvement can be expected Physician/Psychologist Name	Behavioral Developmed Yes ed?	ental No
Nature of the disability: Physical Physical Diagnosis of present medical condition: Developmental Age IN MONTHS: Prognosis: Is the condition static? If no, what optimum improvement can be expected.	Behavioral Developmed Yes ed?	ental