



**Platte County  
Connections**

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# In-Home Respite Application

Initial Application

Renewal

(Must submit part of plan or documentation indicating need for respite and the signed Release of Liability Form; if under 12, need additional justification of need statement)

Consumer Information		
Name	Current Plan Date	Birth Date
Primary Disability	DMH ID # (if applicable)	Age
Waivered <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Indicating Need <input type="checkbox"/> In Attached Plan <input type="checkbox"/> Listed Below (those without plans) Identify:	

Primary Caregiver/Guardian Information (Voucher Holder)	
Name	Home Phone Number
Email Address	Cell Phone Number
Mailing Address (must be Platte County)	City, State, Zip

Signatures	
Date	Primary Caregiver/Guardian Signature

For office use only			
Date Application Received:			
Lives in Platte County <input type="checkbox"/>	Statement of Need <input type="checkbox"/>		
Signed Release of Liability <input type="checkbox"/>	If under 12, Additional Justification of Need <input type="checkbox"/>		
Approved <input type="checkbox"/>	<u>Plan Dates</u>	<u>Effective Date</u>	<u>Total Authorized</u>
Not Approved <input type="checkbox"/>			
<u>Signature</u>			