



Platte County Connections
In-home Respite – Special Circumstance

First Special Circumstance

Second Special Circumstance

INDIVIDUAL INFORMATION

Last Name:	First Name:	DMH ID #:
Service Coordinator:	Amount Being Requested:	Date of Request:

CRITERIA (check one)

The primary caregiver has a developmental disability and is a person served by Platte County Board of Services	<input type="checkbox"/>
There is more than one dependent in the household who is disabled	<input type="checkbox"/>
The primary caregiver has a serious illness and /or hospitalizations or dies	<input type="checkbox"/>
There is an unforeseen family emergency that necessitates the primary caregiver’s absence from the home	<input type="checkbox"/>
There are circumstances that constitute an unforeseen, critical hardship on the family in caring for their family member with a development disability and, in the absence of In-Home Respite Services, may be at risk of having to place the individual out of the home environment on a permanent basis	<input type="checkbox"/>

JUSTIFICATION FOR REQUEST AND EXPLANATION OF ITEMS MARKED

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SIGNATURES

Primary Caregiver and/or Guardian:	Date:
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FOR OFFICE USE ONLY

Date Application Received:	Amount Already Used:
<input type="checkbox"/> Approved Amount Authorized: _____ <input type="checkbox"/> Not Approved	Approval Signature: _____ Date: _____