

## REQUEST FOR HARDSHIP ABSENCE PAYMENT

**To be Completed by the Local Department of Social Services  
or Local Purchasing Agency**

Date: \_\_\_\_\_ Agency: \_\_\_\_\_

DSS/LPA Contact Person: \_\_\_\_\_

Case Name/SCC PDC#: \_\_\_\_\_

Child's Name/CNDS#: \_\_\_\_\_

Provider's Name/License #: \_\_\_\_\_

Dates of Hardship Absence: \_\_\_\_\_ to \_\_\_\_\_

**Specify Reason for Request of Hardship Absence Payment:**

**To be Completed by the DCDEE Subsidy Services Consultant**

Request is: ☐ Approved ☐ Denied

Comments: \_\_\_\_\_

\_\_\_\_\_  
Signature of DCDEE Subsidy Services Consultant

\_\_\_\_\_  
Date

### INSTRUCTIONS FOR APPROVAL ATTENDANCE HARDSHIP PAYMENT

#### General Instructions:

This form is to be used by the local department of social services (DSS) or local purchasing agency (LPA) when the number of absences is expected to exceed 30 consecutive service days. The DSS/LPA must provide a detailed explanation of the hardship. (Examples may include but are not limited to financial, medical, and/or child temporarily out of home.) The DCDEE Subsidy Services Consultant will review the documentation and determines approval or denial for the request for attendance hardship. The decision will be indicated in the comment section of the form.