

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.