

INSERT OR PHOTOCOPY ON  
FACILITY  
LETTERHEAD

**RESIDENTIAL CHILD CARE INSTITUTIONS/GROUP HOME INTAKE  
APPLICATION**

FOR INSTITUTION USE	
<input type="checkbox"/> Free	<input type="checkbox"/> Reduced Price
<input type="checkbox"/> Denied; claim at paid rate	
Signature:	
Date of Determination:	

NAME OF RESIDENT: \_\_\_\_\_

ENTRY DATE: \_\_\_\_\_

EXIT DATE: \_\_\_\_\_

INCOME OR MONEY IN POCKET: \$ \_\_\_\_\_

☐ **Check if resident does not have income**

SOURCE(S) OF INCOME, if listed above:

\_\_\_\_\_  
\_\_\_\_\_

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