

**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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