HORIZONS FOR YOUTH

Parent Checklist

When Requesting: Therapeutic Staff Support (TSS), Mobil Therapist (MT), Behavioral Specialist (BS) or Aide To Accompany Their Child
(Parent/Guardian May Not Fulfill This Role)

☐ Disability documentation submitted and accepted (must be within 3 years)
☐ Accompanied by TSS, MT, BS or aide;

Staff Name___________________________________Title________________________

Employer________________________________________________________________

The following Clearance forms must be submitted:

☐ Pennsylvania Child Abuse History Clearance, within 1 year____yes,____no
☐ Pennsylvania Criminal Records Check, within 1 year____yes,____no
☐ Federal Bureau of Investigation (FBI) Search of Fingerprints and Prior Arrest, Within 1 year____yes,____no

If the above Clearances have been submitted, but are beyond 1 year old:

☐ Letter from current employer (on the employer’s letterhead) stating the staff person is in good standing and employed for_____ years. The 3 clearances must also be submitted.

After all of the above is completed:

☐ Received Horizons for Youth Accommodation Approval Form

Phone: (610) 861-4120, Fax: (610) 861-4575, TDD: (610) 861-5075