

**SCCA Program Policy Manual: Appendix D - DCDEE-0447 Emergency Child Care
Voucher**

Attention Provider: Form Marked <u>Original</u> Must be Returned To: _____ By (Date): _____
Address: _____ _____ Voucher No.: _____

**EMERGENCY CHILD CARE VOUCHER
DIVISION OF CHILD DEVELOPMENT and EARLY EDUCATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

(PLEASE PRINT)

Child's Name: _____ Child ID No.: _____

Child's Age and/or Date of Birth: _____

Parent's Name or Guardian's Name: _____

Address (indicate if a relative's or friend's address): _____

Telephone Number (indicate if relative's or friend's telephone number): () _____

Eligibility Period of Care: From: _____ Through: _____ (maximum of four months)

Hours Care is Needed: From _____ a.m./p.m. Through _____ a.m./p.m.

From _____ a.m./p.m. Through _____ a.m./p.m.

Parent's or Guardian's Name (Please print.): _____

Signature of Parent/Guardian: _____ Date Signed: _____

Agency Section: County: _____ Date Form Completed: _____

FEMA Claim Number: _____ Family Case Number: **EMERGENCY**

CATEGORY CODE: **FUND SOURCE:** (if funding is available)

Need Code for Child Care (Circle the code number(s) that apply)

100% Care 75% Care 50% Care More than 100% Care

Agency Representative Signature: _____ Date: _____

Print Agency Representative Name: _____

To be completed by Child Care Provider:

Provider Name: _____ Telephone: () _____

Name of Facility: _____

License No. or Facility ID No., if assigned: _____

County in which care is given: _____

Location (address) of where child care is provided: _____

Owner/Sponsor of Program: _____ Telephone: () _____

Mailing Address: _____

Person Completing Voucher (Please print and sign name): _____

Provider's Social Security No. or Tax ID No.: _____ Date Child Enrolled: _____

COMMENTS: _____