

**Subsidized Child Care Assistance Program Policy Manual  
Chapter 4 Attachment 1 Sample Narrative**

**NORTH CAROLINA DIVISION OF CHILD DEVELOPMENT AND EARLY  
EDUCATION INDIVIDUAL BASIC DATA FILE - SAMPLE NARRATIVE  
DOCUMENTATION RECORD**

Case Name and Number:		
Date	Family Members	Narrative
	(List all family members)	On this date worker met _____ with: _____
		To determine/redetermine eligibility for childcare assistance for the following child(ren)
		CHECK APPLICABLE ONLY:
		___ Rights and Responsibilities (NCFAS-20009) reviewed, and a copy provided to recipient.
		___ Local Agency childcare policy reviewed, and a copy provided to recipient.
		___ Information provided to recipient about selecting and choosing a quality childcare arrangement
		___ Child Care need is based on:
		___ Seeking employment
		___ Employed at _____
		___ Employment information verified by _____
		___ Work First Employment Services
		Recipient employed M T W T F Sa Sun      Employment Hours _____ until _____
		___ CPS for child to remain in his own home
		___ Post-secondary Education/Training Name of School _____
		___ 2 Year Limit explained to recipient. *Indicate time (months) remaining _____
		___ Work First Employment Services
		___ Copy of school schedule provided and verified
		___ Recipient in school/training M T W T F Sa Sun School Schedule _____ until _____
		___ Developmental Needs (841)
		Child is delayed/risk of delays for emotional, cognitive, social or physical development
		___ Child Welfare Services (851)
		___ Support family reunification/permanent placement
		___ Prevent Foster Care placement
		___ Help family in crisis
		___ High School Education (GED) (871)      Name of School _____

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		___ DCDEE-0456 completed and signed _____ Eligibility period: _____ until _____
		___ Family size is _____ and includes _____
		___ Voucher(s) # _____ has been completed.
		___ Action Notice has been completed.
		___ Recipient has chosen _____ as child care provider Facility ID# _____
		___ Child care needed M T W T F Sa Sun _____ until _____
		___ Voucher has/has not been returned. Voided voucher effective _____
		Comments:
		CHILD CARE SOCIAL WORKER _____ WORKER # _____