

Subsidized Child Care Assistance Program Policy Manual
Chapter 4. Application, Eligibility Determination & Documentation

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- 2009) 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
		___ Developmental Screening information provided
		___ Voter Registration offered
		___ Child Care need is based on:
		___ Employment
		___ Employed at _____
		___ Seeking employment following job loss
		___ Employment information verified by _____
		Recipient employed M T W T F Sa Sun Employment Hours _____ until _____
		___ Employment information provided and verified _____
		___ Work First Employment Services
		___ Education
		___ High School Education (GED) Name of School _____
		___ Post-secondary Education/Training Name of School _____
		___ 2 Year Limit explained to recipient indicate time (months) remaining _____
		___ Education information provided and verified
		___ Developmental Needs
		___ Child is delayed/risk of delays for emotional, cognitive, social or physical development
		___ CPS for child to remain in his own home
		___ Child Welfare Services
		___ Support family reunification/permanent placement

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		___ Prevent Foster Care placement
		___ Help family in crisis
		___ DCDEE-0456 completed and signed
		Eligibility period: ___ until ___
		___ Family size is ___ and includes _____
		___ Voucher(s) # _____ has been completed
		___ Voucher has/has not been returned
		Voided voucher effective _____
		___ Action Notice has been completed
		___ Recipient has chosen _____ as child care provider Facility ID# _____
		Comments:
		Child care Social Worker Name _____
		Date: _____