

**SUBSIDIZED CHILD CARE ASSISTANCE PROGRAM POLICY MANUAL  
Chapter 4 Attachment 2 Application, Eligibility Determination and Documentation**

**SAMPLE REFERRAL FORM FOR CHILD PROTECTIVE SERVICES (CPS) and  
FOSTER CARE (FC) CHILD CARE ASSISTANCE**

**CPS/FC Social Worker:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Placement Referral:**  Change  Redetermination  Quarterly Review  
 Termination  Waiting List  New  
 Placement

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Attached is a copy of the Face Sheet and Application for Child Care Services (if applicable)

**Case Name:** \_\_\_\_\_ **Case Number:** \_\_\_\_\_

**1<sup>st</sup> Parent/RA Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**2nd Parent/RA Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**What is the 1st Parent/RA's Relationship to the child?**

Parent  Responsible Adult  Relative  Licensed Foster Parent

**Who has custody of the child (ren)?**

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**Child's Name:** \_\_\_\_\_ **Child's Date Of Birth:** \_\_\_\_\_

**SS# (requested for child only cases.):** \_\_\_\_\_ **SIS ID**

**#:** \_\_\_\_\_

**Sex:**  M  F **Race:**  Hispanic/Latino  American Indian/Alaskan Native  Asian

Black/African American  Native Hawaiian/Pacific Islander  White (Check all that apply.)

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**The Reason Child Care Assistance is Needed for Child**

\_\_\_ **To Support Protective Services** for child to remain in his/her own home.

Date of CPS complaint: \_\_\_\_\_ Has this report been substantiated:  Yes  No

Is the parent(s) employed:  Yes  No

\_\_\_ **To Support Employment** of:

Parent(s)  Responsible Adult(s)  Relative(s)  Licensed Foster Parent(s)

Name of Licensed Foster Parent	Name of Employer	Hours of Employment	Days of Employment
#1			
#2			

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\_\_\_\_\_ **To Support Education/Training of:**  
 Parent       Responsible Adult       Relative       Licensed Foster Parent

\_\_\_\_\_ **To Support Developmental Needs:** child is delayed/at risk of delays in social, emotional, physical, or cognitive development. Please explain:

\_\_\_\_\_

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\_\_\_\_\_ **To Support Child Welfare Services**  
\_\_\_\_\_ Prevent Foster Care Placement      \_\_\_\_\_ Help Family in Crisis  
\_\_\_\_\_ Support Family Reunification/Permanent Placement  
Is the parent(s) employed:  Yes  No

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**Child Care Specifics**

Provider Requested: \_\_\_\_\_ Provider/Facility ID#: \_\_\_\_\_

Days Care Requested: M T W Th F S S      Time care requested:

\_\_\_\_\_ to \_\_\_\_\_  
Child care requested to begin: \_\_\_\_\_ and continue until:

Additional Comments:

\_\_\_\_\_

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**Responsibility For Reporting Changes:**

If there are any changes in the child's situation or foster parent employment from the information noted here, you must report the change to child care staff promptly.

CPS/FC Worker's Signature: \_\_\_\_\_ Worker# \_\_\_\_\_

Date: \_\_\_\_\_ CPS/FC Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_