

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

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

Case Name: _____

Case Number: _____

1st 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 (FC) Parent

Who has custody of the child (ren)?

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.)

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 (FC) Parent(s)

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

_____ **To Support Education/Training of:**

Parent Responsible Adult Relative Licensed (FC) Parent

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

_____ **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

Child Care Specifics

Provider Requested: _____ Provider/Facility ID#: _____

Days Care Requested: M T W Th F S S

Time care requested: _____ to _____

Childcare requested to begin: _____ and continue until: _____

Additional Comments:

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 childcare staff promptly.

CPS/FC Worker's Signature: _____ Worker# _____

Date: _____

CPS/FC Supervisor's Signature: _____

Date: _____