

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

**Attention Provider: Form Marked Original 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:** \_\_\_\_\_  
\_\_\_\_\_