

APPLICATION, ELIGIBILITY DETERMINATION AND DOCUMENTATION 10/01/02

CHAPTER 4: ATTACHMENT 1- NORTH CAROLINA DIVISION OF CHILD DEVELOPMENT 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 child care services for the following child(ren)
		CHECK APPLICABLE ONLY:
		___ Rights and Responsibilities (DCD-0106) reviewed and a copy provided to parent/responsible adult (RA)
		___ Local Agency child care policy reviewed and a copy provided to parent/RA.
		___ Information provided to parent/RA about selecting and choosing a quality child care arrangement
		___ Child Care need is based on:
		___ Seeking employment (801)
		___ Employed (811) at _____
		___ Employment information verified by _____
		___ Work First Employment Services
		Parent employed M T W T F Sa Sun Employment Hours _____ until _____
		___ CPS (821) for child to remain in his own home
		___ Post-secondary Education/Training (831)* Name of School _____
		___ 2 Year Limit explained to parent/responsible adult
		*Indicate time (months) remaining _____
		___ Work First Employment Services
		___ Copy of school schedule provided and verified
		___ Parent/RA in school/training M T W T F Sa Sun School Schedule _____ until _____
		___ Attendance and Grade reporting information provided and verified
		___ 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 _____
		___ Attendance and Grade reporting information provided and verified
		___ Transportation has been requested due to no other means available
		___ DCD-0456 completed and signed Eligibility period: _____ until _____
		___ Family size is _____ and includes _____
		___ Category Code _____ Need Code _____
		___ Voucher(s) # _____ has been completed.
		___ Action Notice has been completed.
		___ Parent 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 # _____