**CHILD CARE FOR CHILDREN IN SAFE FAMILIES FOR CHILDREN**

**OR FOSTER CARE**

ES-1627b

07-19

State of Kansas

Department for Children and Families

Economic & Employment Services

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **I. TO BE COMPLETED BY SAFE FAMILIES FOR CHILDREN AGENCY OR FOSTER CARE CONTRACTOR AT PLACEMENT WHEN CHILD CARE IS NEEDED** | | | | | | | | | | | | | | |
| I certify that the family below is participating as a Safe Families for Children host family, or is a relative or non-related kin placement, or a licensed foster care placement of child in foster care, and child care is needed due to employment or education/training for the adults in the household. | | | | | | | | | | | | | | |
| Name (print): | | | | | |  | | | | | | Date: | |  |
| Signature: | |  | | | | | | | | | | Title: | |  |
|  | | | | | | | | | | | | | | |
| Check |  | | | | Child Placement Agency | | | |  | | | | | |
| One: |  | | | | Case Management Agency | | | |  | | | | | |
|  |  | | | | Safe Families for Children Representative | | | |  | |  | | | |
|  | | | | | | | | | | | | | | |
| **II. FAMILY INFORMATION** | | | | | | | | | | | | | | |
| Guardian/Caretaker Name: | | | | | | | |  | | | | | | |
| Address: | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |  |  | |  | |
| Telephone: | | | |  | | | | | | | | | | |  |  | |
| Child’s Full Name: | | | | | | |  | | | | | | | |
| Date of Birth: | | | | | | |  | | | Social Security Number: | | |  | |
| Child Care Provider: | | | | | | |  | | | Telephone: | | |  | |
| Address: | | | | | | |  | | | | | | | |  |  | |
| Child’s Full Name: | | | | | | |  | | | | | | | |
| Date of Birth: | | | | | | |  | | | Social Security Number: | | |  | |
| Child Care Provider: | | | | | | |  | | | Telephone: | | |  | |
| Address: | | | | | | |  | | | | | | | |  |  | |
| Child’s Full Name: | | | | | | |  | | | | | | | |
| Date of Birth: | | | | | | |  | | | Social Security Number: | | |  | |
| Child Care Provider: | | | | | | |  | | | Telephone: | | |  | |
| Address | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | |  | |  | | Not Approved | | Case Number: |  |

**SECTION II**

|  |  |
| --- | --- |
| **I. TO BE COMPLETED BY SAFE FAMILIES FOR CHILDREN AGENCY AT THE TIME THE CHILD LEAVES THE CHILD CARE PLACEMENT.** | |
| Last Day of Care: |  |
| Guardian/Caretaker Name: |  |
| Address: |  |
|  | |
| Child’s Full Name: |  |
| Date of Birth: |  |
| Child’s Full Name: |  |
| Date of Birth: |  |
| Child’s Full Name: |  |
| Date of Birth: |  |