

Section 8 / Part 52

Effective Date: September 20, 2005

Length of document: 2 pages

Child Care Information and Referral Form

The following information is provided as a reference for staff when completing this form.

1. List of foreign language codes

AR	Arabic	MK	Mon Kmer
BN	Bosnian	NN	None
CA	Cantonese	OT	Other
CZ	Czech	PE	Persian
DU	Dutch	PL	Polish
EN	English	PT	Portugese
FR	French	RU	Russian
GE	German	SC	Serbo Croatian
GK	Greek	SM	Somali
GU	Gujarathi	SP	Spanish
HM	Hmong	SU	Sudanese
HN	Hindi	TG	Tagalog
IT	Italian	TH	Thai
JP	Japanese	UN	Unknown
KN	Korean	UR	Urdu
LA	Lao	VN	Vietnamese
MA	Mandarin		

Child Care Information and Referral Form

STEP 1 — SELECTION OF PREFERRED CHILD CARE PROVIDER

To be completed by the client and RS.

Child Care Provider Name: _____

Child Care Provider Address: _____

Yes No Is this child care provider enrolled as an active EBT (efunds) provider with DCF?

Note: The provider's status must be verified as "active" by EES using the PRRA screen on KsCares.

STEP 2 — SELECTION OF PAYMENT METHOD

To be completed by RS.

Answer Yes or No to the following questions:

- Yes No** 1. Will the child care services be provided for three months or less?
Yes No 2. Will the use of the Vision Card/EBT system cause an undue hardship to the client because of specific, documented disability issues which impact the ability to use the EBT system?
Yes No 3. Has the client chosen a child care provider NOT enrolled as an EBT (efunds) provider with DCF?

If you answered NO to ALL of these three questions, the Vision Card/Electronic Benefits Transfer system will be used. Complete the remainder of the information and steps on this form.

If you answered YES to ANY of these three questions, the standard service authorization and payment authorization process will be used to make payments directly to the child care provider. It is not necessary to complete the remainder of this form.

STEP 3 — CLIENT INFORMATION

To be completed by the client and/or RS.

Client's Last Name		First Name		Middle Initial
Date of Birth	Gender	Social Security Number	Race (check 1 or more) <input type="checkbox"/> Alaskan or American Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Unknown <input type="checkbox"/> Pacific Island Native Hawaiian <input type="checkbox"/> Asian <input type="checkbox"/> White	
Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Language and Code			
Address			City	
County	State KS	Zip Code	Phone	
Are you receiving child care benefits from any other program?				

STEP 4 – CHILD INFORMATION**To be completed by the client and/or RS.***Note: When more than one child in the family will be covered by child care services, it is necessary to provide information on only one of those children.*

Child's Last Name		First Name		Middle Initial
Date of Birth	Gender	Social Security Number	Race (check 1 or more) <input type="checkbox"/> Alaskan or American Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Unknown <input type="checkbox"/> Pacific Island Native Hawaiian <input type="checkbox"/> Asian <input type="checkbox"/> White	
Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship of child to client			

STEP 5 – VISION CARD**To be completed by the client and/or RS.**Does the RS client already have a Vision Card? Yes NoIf no, the Vision Card can be issued at the office or through the mail.
Which does the client prefer? Office Mail**STEP 6 – AUTHORIZED FUNDS****To be completed by RS.**

Funds authorized for child care:

July	August	September	October
November	December	January	February
March	April	May	June

STEP 7 – ENTRY ON KMIS, VERIFICATION AND REFERRAL**To be completed by RS.***RS Staff should initial and date each step when it is completed.*

- _____ Child care screens on KMIS completed.
- _____ Client's SSN on this form matches KMIS records.
- _____ Primary language code inserted on page 1.
- _____ Original form filed. Copy referred to EES.

Counselor's Name _____ Phone _____