

I. TO BE COMPLETED BY PROFESSIONAL REQUESTING SOCIAL SERVICE CHILD CARE

I certify the need for Social Service Child Care.

Name (print): _____ Date: _____

Signature: _____ Title: _____

Check DCF Social Worker Physician Psychologist
One: Other Social Worker Family Preservation Specialist
 KDOC-Juvenile Services Other – Specify: _____

Reason for Request (multi-select)

Documentation of parent/caretaker's need for child care is provided.

II. FAMILY INFORMATION

Parent/Guardian/Caretaker Name: _____

Address: _____

Telephone: _____

Child's Full Name: _____

Date of Birth: _____ Social Security Number: _____

Child Care Provider: _____ Provider Telephone: _____

Address: _____

Date Care Starts: _____

Days & Times Care

Needed: _____

Child's Full Name: _____

Date of Birth: _____ Social Security Number: _____

Child Care Provider: _____ Provider Telephone: _____

Address: _____

Date Care Starts: _____

Days & Times Care

Needed: _____

Child's Full Name: _____

Date of Birth: _____ Social Security Number: _____

Child Care Provider: _____ Provider Telephone: _____

Address _____

Date Care Starts: _____

Days & Times Care Needed: _____

Absent Parent Information (if applicable):

Name: _____

Date of Birth: _____

Social Security Number: _____

Address: _____

Agreement to cooperate with CSS: Yes No

Signature of Parent/Guardian/Caretaker: _____

If space is needed for more household members or absent parent information, please attach additional page.

III. DCF USE ONLY

Approved Not Approved Case Number: _____

Comments: _____

Documentation of parent/caretaker's need for child care is on file in case.

EES Program Administrator/Designee: _____

Signature: _____ Date: _____