**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

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| **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**

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| **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: |  |