

APPLICATION, ELIGIBILITY DETERMINATION AND DOCUMENTATION 10/01/02

CHAPTER 4: ATTACHMENT 2 - SAMPLE REFERRAL FORM FOR CHILD PROTECTIVE SERVICES (CPS) / FOSTER CARE (FC) CHILD CARE SERVICES

CPS/FC Social Worker: _____ Date: _____

Placement Referral: Change Redetermination Quarterly Review
 Termination Waiting List New Placement

ATTACHED IS A COPY OF THE FACE SHEET AND APPLICATION FOR CHILD CARE SERVICES (IF APPLICABLE)

Case Name: _____ Case Number: _____

Parent/RA Name _____

What Is The Above Person's Relationship To The Child?

Parent Responsible Adult Relative Licensed Foster Parent

Who has custody of the child (ren)? _____

Child's Name: _____ Child's Date Of Birth: _____

SS# (requested for child only cases.): _____ SIS ID #: _____

Sex: M F Race: Hispanic/Latino American Indian/Alaskan Native Asian

Black/African American Native Hawaiian/Pacific Islander White

The Reason Child Care Services Are Needed For Child

___ To Support Protective Services for child to remain in his/her own home (821)

Date of CPS complaint: _____

Has this report been substantiated: Yes No

___ To Support Employment (811) of:

Parent Responsible Adult Relative Licensed Foster Parent

___ To Support Education/Training (831) of:

Parent Responsible Adult Relative Licensed Foster Parent

___ To Support Developmental Needs (841): child is delayed/at risk of delays in social, emotional, physical or cognitive development. Please explain _____

___ To Support Child Welfare Services (851)

___ Prevent Foster Care Placement

___ Support Family Reunification/Permanent Placement

___ Help Family in Crisis

Child Care Specifics

Provider Requested: _____ Provider/Facility ID#: _____

Days Care Requested: M T W Th F S S Time care requested: _____ to _____

Transportation Requested: Yes No

Reason for transportation: _____

Child care requested to begin: _____ and continue until: _____

Additional Comments: _____

Responsibility For Reporting Changes:

If there are any changes in the child's situation from the information noted here, you must report the change to child care staff in a timely matter.

CPS/FC Worker's Signature: _____ Worker# _____ Date: _____