

# REFERRAL FOR CHILD CARE SERVICES

This form is for optional use. Refer to Chapter 5 of the SCCA Program Policy Manual.

Placement Referral:  New  Change  Termination  New Placement  Redetermination

Children's Services Social Worker: \_\_\_\_\_ Extension: \_\_\_\_\_ Date: \_\_\_\_\_

1<sup>st</sup> Parent/RA Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Address: \_\_\_\_\_

(this is the adult that the child resides with and that cares for the child)

2<sup>nd</sup> Parent/RA/Spouse: \_\_\_\_\_ DOB: \_\_\_\_\_ Address: \_\_\_\_\_

Parent/RA Phone #: \_\_\_\_\_

## What is the Above Persons Relationship to the Child?

Parent  Responsible Adult  Relative  Foster Parent

List ALL other household members who reside in the home with the child, & their relationship to the child:

\_\_\_\_\_  
\_\_\_\_\_

Who has custody of the Child(ren)? \_\_\_\_\_

1. Child's Name: \_\_\_\_\_ Child's DOB: \_\_\_\_\_ SS# \_\_\_\_\_

SIS #: \_\_\_\_\_ Sex:  Male  Female

Providing SS# is optional and services will not be denied if SS# is not provided.

Race:  Hispanic/Latino  American Indian/Alaskan Native  Asian  Other  
 Black/African American  Native Hawaiian/Pacific Islander  White

2. Child's Name: \_\_\_\_\_ Child's DOB: \_\_\_\_\_ SS# \_\_\_\_\_

SIS #: \_\_\_\_\_ Sex:  Male  Female

Providing SS# is optional and services will not be denied if SS# is not provided.

Race:  Hispanic/Latino  American Indian/Alaskan Native  Asian  Other  
 Black/African American  Native Hawaiian/Pacific Islander  White

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## The Reason Child Care Services are Needed for the Child: (Choose one category)

To Support Child Protective Services (CPS) *for child to remain in his/her own home (lives with parent(s))*

- Date of CPS Complaint: \_\_\_\_\_
- Has the report been substantiated:  Yes  No
- Brief statement that justifies that child care is a necessary part of the treatment plan for the child to remain in his/her home: \_\_\_\_\_

**Note:** Child care services may only be provided in this category for the child as long as there is an open treatment/CPS case.

\*\*\*BACK OF FORM MUST BE COMPLETED\*\*\*

**To Support Foster Care Services** (Custody with DSS; placed in a foster home or with a relative)

To support Employment of Relative(s)/Licensed Foster Parent(s)

1<sup>st</sup> Foster Parent/Relative: Employer \_\_\_\_\_ #Work Hours/week: \_\_\_\_\_ Work Schedule \_\_\_\_\_

2nd Foster Parent/Relative: Employer \_\_\_\_\_ #Work Hours/week: \_\_\_\_\_ Work Schedule \_\_\_\_\_

To support Education/Training of Relative/Licensed Foster Parent

School Name: \_\_\_\_\_ # credit hours enrolled: \_\_\_\_\_ Class Schedule: \_\_\_\_\_

To support developmental needs: child is delayed/at risk of delays in social, emotional, physical or cognitive development. Please explain: \_\_\_\_\_

To support need type Child Welfare Services (CWS). Explain: \_\_\_\_\_

**To Support Child Welfare Services (CWS):** (includes children placed with someone other than parent, i.e. TSP)

To prevent foster care placement

To support family reunification/Permanent placement

To support family in crisis

Responsible Adult (RA) is:

Employed:

RA 1: Employer \_\_\_\_\_ Pay Rate \_\_\_\_\_ # Hours Worked/WK \_\_\_\_\_ Pay Frequency \_\_\_\_\_

RA 2: Employer \_\_\_\_\_ Pay Rate \_\_\_\_\_ # Hours Worked/WK \_\_\_\_\_ Pay Frequency \_\_\_\_\_

Student School Name: \_\_\_\_\_ # credit hours enrolled: \_\_\_\_\_ Class Schedule: \_\_\_\_\_

Other reason why Responsible Adult needs child care: \_\_\_\_\_

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**Child Care Specifics (must complete all fields)**

**Provider Requested:** \_\_\_\_\_ **Days Care Requested:** M Tu W Th F Sa Su

**Hours child care is needed** \_\_\_\_\_ to \_\_\_\_\_ **Date child care is to begin:** \_\_\_\_\_

**Additional information and/or comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Responsibility for Reporting Changes**

If there are any changes in the child's situation from the information noted on this form, the Children's Services Social Worker must report the change to the child care staff within 10 work days, as changes may impact the child's eligibility for child care services. Changes include, but are not limited to:

- **Child no longer receiving CPS/treatment services**
- **Child no longer in DSS custody**
- **Child Welfare Services no longer needed**
- **Child moves from one relative/foster home to another relative/foster home**

**Children's Services Social Worker Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Children Services Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Program Manager/Director Signature (if required)** \_\_\_\_\_ **Date:** \_\_\_\_\_