SCCA NARRATIVE AND DOCUMENATION FORM

The following SCCA Narrative and Documentation Form optional for use by DSS/LPA staff. It may be used as a guide for composing written narratives for applications or recertifications. Use of this narrative template does not eliminate the requirement for the worker to document required narrative documentation that may not be included on this form. Please see Chapter 4. XIV. Narratives and Documentation for explanation of written narrative requirements.

Enter "N/A" for fields that are not applicable

Date:	
Type of action:	☐ Application ☐ Recertification
Disposition?	☐ Approved ☐ Denied ☐ Withdrawn
If denied or withdrawn reason why:	
Met/Spoke with:	
Household Members:	
Children Needing Child Care:	
Typed Signature Used?	☐ Yes ☐ No If Yes, was chain of custody attached? ☐Yes ☐ No

Priority Populations:

Homelessness:	☐ Yes ☐ No
	If Yes, describe the living arrangement:
Special Needs (SN):	Type of Documentation Received: ☐ IEP ☐ IFSP ☐ 504 ☐PCP
	Child with SN:

Need for Care:

	Employment
Employer Name 1:	
Parent/Employment 1 Work Schedule:	☐M ☐T ☐W ☐Th ☐F ☐Sat ☐Sun Earliest begin time: Latest end time:

	☐Varies? (Check this box only if the recipient does not have a true schedule).
Parent/Employment 1: Average # Hours Worked/Week:	
Employer Name 2:	
Parent/Employment 2: Work Schedule:	☐M ☐T ☐W ☐Th ☐F ☐Sat ☐Sun
	Earliest begin time:
	Latest end time:
	☐Varies? (Check this box only if the recipient does not have a true schedule).
Parent/Employment 2: Average # Hours Worked/Week:	
	Education
School Schedule: (scheduled class times)	Monday: Tuesday: Wednesday: Thursday: Friday: Saturday: Sunday: ☐ Online Classes ☐ Self-Paced
Weekly School Hours (seated or credit hours):	
Study Time:	
	Developmental Needs
Describe the basis for developmental needs, delays or risks of delays were determined.	
	Child Protective Services (CPS)
Referral Received, comments (if any):	☐ Referral Received for CPS
	Child Welfare Services (CWS)

Referral Received (if applicable):	☐ Referral Received for CWS
Explanation of Crisis (if applicable):	
	Foster Care (not a need for care)
Referral Received, comments, (if any):	☐ Referral Received for Foster Care
	Seeking Employment
Work First MRA received?	☐ Received Work First MRA (Mutual Responsibility Agreement)
Job Search After Job Loss?	☐ Seeking Employment following Job Loss (not a need for care at initial application unless it is included on Work First MRA)
Travel Time included in Plan of Care:	

	Plan of Care (POC) Hours/Level of Care:
Provider Choice & Service Type: *(for multiple children, select all that apply and list provider & service type for each child)*	☐0-5 ☐School Age – Before ☐School Age – After ☐School Age – Before & After ☐School Age – 2nd/3rd Shift ☐School Age – Summer/Trackout
Level of Care:	☐ 100% ☐ 83% ☐ 75% ☐ 50% ☐ 150% ☐ 175% ☐ 200% **Explain why > 100% given, if applicable:**
POC Hours (i.e. M-F 7:30am – 4pm):	
Why Schedule Varies was used (if applicable):	
If POC hours are different from hours	

requested, document why:	

Income:	
Income Source 1:	
Parent/Income 1: Amount & Frequency:	Income Amount: ☐ Weekly ☐ Bi-weekly ☐ Semi-monthly ☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually ☐ Other
Expenses, if any:	
Income Source 2:	
Parent/Income 2: Amount & Frequency:	Income Amount: ☐ Weekly ☐ Bi-weekly ☐ Semi-monthly ☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually ☐ Other
Expenses, if any:	
Parent/Income 1: Income Verification Method:	☐ Check stubs ☐ Wage verification form ☐ Work Number ☐ OVS ☐ Award Letter ☐ Written Statement from source ☐ Phone call with source ☐ Other:
Parent/Income 2: Income Verification Method:	☐ Check stubs ☐ Wage verification form ☐ Work Number ☐ OVS ☐ Award Letter ☐ Written Statement from source ☐ Phone call with source ☐ Other:
Explain the rationale for alternate budgeting method, if applicable:	
Parent Fee & Effective Date:	
Resources> 1 million?	

Other Important Information or Unusual Circumstances: (*i.e. 3rd shift work for 1st shift care, joint/split custody, care for a child over age 12*)	
Unusual Circumstance:	
Documents Given:	☐ Developmental Screenings Handouts

	☐ Rights & Responsibilities NCF 20009 ☐ Child Care Action Notice ☐ Termination Notice ☐ Copy of Application (Approval Notice) ☐ Denial Notice ☐ Copy of Signed Voucher ☐ Local policies reviewed/provided ☐ Information about selecting quality childcare arrangement ☐ NVRA documents ☐ Other:
Attachments Scanned – Location:	☐ Income Support Contact Tab – Attachments (preferred location) ☐ Product Delivery Case (PDC) Communications – Attachments ☐ Casehead Person Page – Client Contact Tab – Attachments ☐ Other:
New Certification Period:	
Worker Name:	
Additional Notes:	