

SCCA SAMPLE NARRATIVE AND DOCUMENTATION FORM

The following SCCA Sample 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 sample 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:	<input type="checkbox"/> Application <input type="checkbox"/> Recertification
Disposition?	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Withdrawn
If denied or withdrawn reason why:	
Met/Spoke with:	
Household Members:	
Children Needing Child Care:	
Typed Signature Used?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, was chain of custody attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
Priority Populations:	
Homelessness:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, describe the living arrangement:
Special Needs (SN):	Type of Documentation Received: <input type="checkbox"/> IEP <input type="checkbox"/> IFSP <input type="checkbox"/> 504 <input type="checkbox"/> PCP
	Child with SN:
Need for Care:	
	Employment
Employer Name 1:	
Parent/Employment 1 Work Schedule:	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat <input type="checkbox"/> Sun
	Earliest begin time:
	Latest end time:

	<input type="checkbox"/> 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:	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat <input type="checkbox"/> Sun
	Earliest begin time: Latest end time:
	<input type="checkbox"/> 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:
	<input type="checkbox"/> Online Classes <input type="checkbox"/> 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):	<input type="checkbox"/> Referral Received for CPS
	Child Welfare Services (CWS)

Referral Received (if applicable):	<input type="checkbox"/> Referral Received for CWS
Explanation of Crisis (if applicable):	
	Foster Care (not a need for care)
Referral Received, comments, (if any):	<input type="checkbox"/> Referral Received for Foster Care
	Seeking Employment
Work First MRA received?	<input type="checkbox"/> Received Work First MRA (Mutual Responsibility Agreement)
Job Search After Job Loss?	<input type="checkbox"/> 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: <i>(for multiple children, select all that apply and list provider & service type for each child)</i>	<input type="checkbox"/> 0-5 <input type="checkbox"/> School Age – Before <input type="checkbox"/> School Age – After <input type="checkbox"/> School Age – Before & After <input type="checkbox"/> School Age – 2 nd /3 rd Shift <input type="checkbox"/> School Age – Summer/Trackout
Level of Care:	<input type="checkbox"/> 100% <input type="checkbox"/> 83% <input type="checkbox"/> 75% <input type="checkbox"/> 50% <input type="checkbox"/> 150% <input type="checkbox"/> 175% <input type="checkbox"/> 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: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other
Expenses, if any:	
Income Source 2:	
Parent/Income 2: Amount & Frequency:	Income Amount: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other
Expenses, if any:	
Parent/Income 1: Income Verification Method:	<input type="checkbox"/> Check stubs <input type="checkbox"/> Wage verification form <input type="checkbox"/> Work Number <input type="checkbox"/> OVS <input type="checkbox"/> Award Letter <input type="checkbox"/> Written Statement from source <input type="checkbox"/> Phone call with source <input type="checkbox"/> Other:
Parent/Income 2: Income Verification Method:	<input type="checkbox"/> Check stubs <input type="checkbox"/> Wage verification form <input type="checkbox"/> Work Number <input type="checkbox"/> OVS <input type="checkbox"/> Award Letter <input type="checkbox"/> Written Statement from source <input type="checkbox"/> Phone call with source <input type="checkbox"/> Other:
Explain the rationale for alternate budgeting method, if applicable:	
Parent Fee & Effective Date:	
Resources > 1 million?	
Other Important Information or Unusual Circumstances: <i>(i.e. 3rd shift work for 1st shift care, joint/split custody, care for a child over age 12)</i>	
Unusual Circumstance:	
Documents Given:	<input type="checkbox"/> Developmental Screenings Handouts

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