

Child Care Application and Authorization Form Certified Domestic Violence Center or Designated Homeless Program

THIS FORM IS VOID AFTER 10 CALENDAR DAYS FROM AUTHORIZATION DATE

Authorization Type:	<input type="checkbox"/> INITIAL AUTHORIZATION <input type="checkbox"/> REDETERMINATION	
FROM: (Print Worker Name)	Phone Number	
Organization Name		
Mailing Address, City, Zip Code		

SECTION A: FAMILY INFORMATION

Parent/Guardian #1 Social Security No. (optional)	(Print) Last Name	First Name	MI	Date of Birth	Gender	Race
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated						
Parent/Guardian #2 Social Security No. (optional)	(Print) Last Name	First Name	MI	Date of Birth	Gender	Race
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated						
Mailing Address:	City	State	Zip Code	Contact Phone No.		

CHILD INFORMATION

Child Social Security No. (optional)	(Print) Last Name	First Name	MI	Date of Birth	Gender	Race
Child Social Security No. (optional)	(Print) Last Name	First Name	MI	Date of Birth	Gender	Race
Child Social Security No. (optional)	(Print) Last Name	First Name	MI	Date of Birth	Gender	Race

Note: Use the CLARIFYING COMMENTS section if there are more than three children for one referral.

SECTION B: ELIGIBILITY

At-Risk Status: Please select one of the reasons for purpose of care:	<input type="checkbox"/> Designated Homeless Program Participant	<input type="checkbox"/> Certified Domestic Violence Center Resident
Verification of the Following (with Documentation Attached): For child(ren) needing care:	<input type="checkbox"/> U.S. Citizen or Qualified Alien <input type="checkbox"/> Verification of Age	Comments:

SECTION C: AUTHORIZATION

Hours: Child care service is authorized for this client for approved activity(ies) not to exceed a total of _____ hours per week.
 This total includes _____ hours per week for reasonable transportation time.

Dates: Child Care Authorization From ____/____/____ through ____/____/____.
 (3 months or less for domestic violence center resident and 6 months or less for homeless program participant)

SECTION D: AUTHORIZING SIGNATURES

I hereby certify that the information provided above is correct.

Applicant Signature: _____	Date: _____
Worker Authorizing Referral Signature: _____	Date: _____
Coalition Staff: (Print) _____ Signature: _____	Date: _____

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SECTION E: CLARIFYING COMMENTS (IF APPLICABLE)

Instructions for Child Care Application and Authorization Form Certified Domestic Violence Centers or Designated Homeless Program

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INTRODUCTION

This form is intended to be the single referral and authorization form for child care services provided by the School Readiness child care program for families who are residents in a certified domestic violence center or who are participating in a designated homeless program. It is designed to be used by staff of the Department of Children and Families (DCF)-certified domestic violence centers and DCF-designated lead agencies on homelessness.

CHILD CARE APPLICATION AND AUTHORIZATION

The worker completing the form should indicate whether it is an initial authorization or a redetermination. The "FROM" section must clearly identify the program sending the referral and authorizing child care. The worker completing the form must also include the mailing address, city and zip code for the referring agency in this section.

SECTION A: FAMILY INFORMATION

- Social Security No.:** Enter Parent/Guardian/Caregiver's Social Security Number (optional).
- Primary Parent :** Enter Primary Parent/Guardian/Caregiver's last and first name, date of birth, demographics and marital status.
- Secondary Parent:** Enter Secondary Parent/Guardian/Caregiver's last and first name, date of birth, demographics and marital status.
- Mailing Address:** Enter the family's mailing address and phone number(s) as appropriate.
- Child(ren):** For children authorized to receive care, enter the Social Security Number (optional), last and first name, date of birth and demographics. Use the CLARIFYING COMMENTS section if there are more than three children for one referral.

SECTION B: ELIGIBILITY

- At-risk status:** This refers to the client's purpose for care. Check the appropriate box (only one box) for Designated Homeless Program Participant or Certified Domestic Violence Center Resident.
- Verification Documents:** Check the appropriate box if the worker has verified the child(ren)'s citizenship or child(ren)'s age and attached the applicable documentation to the referral.
Note – Information may also be collected by the coalition, as established in the Memorandum of Agreement.
- Comments:** Indicate additional comments pertaining to application information, if applicable.

SECTION C: AUTHORIZATION

- Hours Authorized:** Indicate in the spaces provided the total hours per week that the worker has authorized child care based on the parent's prescribed program activities and the hours allotted for reasonable transportation time.
- Dates:** Indicate the starting and ending date for authorized child care period. The worker must send a redetermination authorization to the coalition prior to the end of the initial referral if the family remains eligible. Services for the referred families may be requested in increments of six months or less for homeless program participants and three months or less for **current residents** in a certified domestic violence center.

SECTION D: AUTHORIZING SIGNATURES

- Applicant Signature:** Applicant (if available) must sign and date in the space provided.
- Worker Authorizing:** Referring agency worker must sign and date the referral on the date of authorization. The referral is **NOT**
- Referral Signature:** VALID if it is not signed by the authorized representative.
- Coalition Staff:** A coalition staff person must print his or her name, sign and date the referral in the space provided. The date must reflect the date received. The coalition's staff must offer services to referred families within 10 calendar days from receipt of a valid referral in accordance with the Early Learning Grant Agreement.

SECTION E: CLARIFYING COMMENTS

The worker may use this space of the application to indicate clarifying comments that are pertinent to the application information.

Note – The referring case manager must use the Notice of Change in Child Care Status form to inform the early learning coalition of the changes in the family's child care status. Changes may include termination of care for the family's failure to participate in the program or loss of purpose for care.