

Protective Child Care Documentation

SW Name	Date
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- New application
 Review
 Changes

Date of the *Application for All Social Services*:

Need for Service (check all that apply):

- Prevent or alleviate child abuse or neglect
 Social worker has documented protective need in safety plan or case narrative/case plan
 Court order, as appropriate, is attached to this document

Action Requested (check one):

- Beginning eligibility: Effective
 (Please use the date that the *Application for All Social Services* was signed or the date specified in the court order.)
 Continue eligibility: Effective
 Close protective child care cases: Effective
 Reason the case will close:

Child resides with: Parent OR Caretaker

Parent's/Caretaker's Full Name	Phone Number
Parent's/Caretaker's State ID	Social Security Number

Address where children live:

Street Address		
City	State	Zip

County of financial responsibility:
 (County where Juvenile Court presides over children.)

Child's Information (need all children's information)

Child's Name (first & last names)	DOB	SSN	State ID Number	Sex	Date the child started kindergarten (for 5 year-olds only)	Name of school the child attends	Race	Ethnicity	Citizen * see CCA IM worker	If alien, what is the child's alien status?
				<input type="checkbox"/> M <input type="checkbox"/> F					<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> M <input type="checkbox"/> F					<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> M <input type="checkbox"/> F					<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> M <input type="checkbox"/> F					<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> M <input type="checkbox"/> F					<input type="checkbox"/> Y <input type="checkbox"/> N	
				<input type="checkbox"/> M <input type="checkbox"/> F					<input type="checkbox"/> Y <input type="checkbox"/> N	

* The child's parent or caretaker must attest to the child's citizen status by a written statement from the parent or caretaker, or the local agency can get a printout of the child's TD03 from ABC (if the child has been on benefits).

Are any of the children listed above identified as having special needs? (See 13-G for the criteria for special needs.) Yes No If yes, who?

Attach documentation verifying special needs from health care or education professional or SSI verification. (This documentation may have been included in the case plan.)

Hours/Days of Child Care Needed (1 unit = 5 hours)

School Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Units per Week
From:								
To:								
From:								
To:								
Units per Day								

Nonschool Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Units per Week
From:								
To:								
From:								
To:								
Units per Day								

- Schedule varies between days. Total units per day and per week remains the same (only complete the grids for units per day and units per week).
- Supervisory approval needed for three plus units per day. (Note: Child care cannot be approved for 24 hour care): Explanation:

Supervisor's Signature (for approval of three or more units per day)

Child Care Provider Information

Current Provider	New Provider
Name:	Name:
Phone number:	Phone number:
Street/mailling address:	Street/mailling address:
City, state, zip:	City, state, zip:
Provider number:	Provider number:
Provider approval date:	Provider approval date:
Date care started:	Date care started:
Last day of care:	

- Licensed Child Care Center OR Registered Child Development Home Cat A
- Nonregistered Child Care Home Registered Child Development Home Cat B
- In-Home Nonregistered Child Care Provider. This type of provider goes to the family's residence to provide child care. (There must be three or more children needing protective CCA to use this type of provider.)
- Registered Child Development Home Cat C

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If required, attach the following information with this form:

- The written statement of the child's parent or caretaker attesting to the child's citizen status or the TD03 from ABC if the child has been on benefits.
- Current court order.
- Documentation verifying special needs from health care/educational professional or SSI verification. (This documentation may have been included in the case plan.)
- Statement from the provider explaining what extra services or care is needed to provide for child with special needs.