



OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION

DC Child Care Subsidy Program

Child and Family Services Agency (CFSA) Child Care Subsidy Program Referral Form

Child and Family Services Agency (CFSA) workers should complete this form to request child care subsidies for children under protective services. **All referrals should be sent to DHS via the medium prescribed by OSSE.**

Please Note:

- If you are requesting an admission form (voucher) for child care services for extended or non-traditional hours (before 7 a.m. or after 6 p.m., Monday–Friday or Saturday or Sunday) proof of extended hours and days of employment is required.
 - A schedule or a letter from the employer indicating work hours should be submitted with this referral. If a schedule or letter cannot be obtained, please request a Verification of Employment form from the Office of Well Being.
- The application must be signed and dated by the assigned social worker and supervisor.
- **Families who are supervised by CFSA in-home social workers and who are in need of a child care voucher should not apply using this form. They may apply online or at the Department of Human Services (DHS).**

Referring Social Worker, please complete the following:

Parent or Guardian	Spouse's Name (If applicable)
Name: _____	Name: _____
Relationship to child: _____	Relationship to child: _____
Address: _____	Address: _____
DOB: _____ SSN (optional): _____	DOB: _____ SSN (optional): _____
Phone: _____	Phone: _____
Race or Ethnicity: _____	Race or Ethnicity: _____
Military Status: _____	Military Status: _____
Primary Language Spoken: _____	Primary Language Spoken: _____

Reason for Referral:			
☐ Children under court supervision or protective supervision of CFSA who may be living in the natural parent's home, with a kinship relative, or fictive kin. ☐ Children in out-of-home/foster care; and ☐ Children whose parent(s) are in the custody of CFSA and are under age 21.			
Name of Child Development Facility(s):		Address of Child Development Facility(s):	
Telephone Number:		Fax for Child Development Facility:	
Child(ren) Information			
Full Name:	Sex/Gender:	Date of Birth:	SSN (optional):
Select hours of care requested (<i>select all that apply</i>): ☐ Full-time (6 hours or more/day) ☐ Part-time (less than 6 hours/day)	☐ Monday through Friday, 7 a.m.-6 p.m. ☐ Monday through Friday, 6-9 a.m. ☐ Monday through Friday, 3-6 p.m.		☐ Weekend ☐ Non-traditional ☐ Other: _____
Full Name:	Sex/Gender:	Date of Birth:	SSN (optional):
Select hours of care requested (<i>select all that apply</i>): ☐ Full-time (6 hours or more/day) ☐ Part-time (less than 6 hours/day)	☐ Monday through Friday, 7 a.m.-6 p.m. ☐ Monday through Friday, 6-9 a.m. ☐ Monday through Friday, 3-6 p.m.		☐ Weekend ☐ Non-traditional ☐ Other: _____
Full Name:	Sex/Gender:	Date of Birth:	SSN (optional):
Select hours of care requested (<i>select all that apply</i>): ☐ Full-time (6 hours or more/day) ☐ Part-time (less than 6 hours/day)	☐ Monday through Friday, 7 a.m.-6 p.m. ☐ Monday through Friday, 6-9 a.m. ☐ Monday through Friday, 3-6 p.m.		☐ Weekend ☐ Non-traditional ☐ Other: _____
Full Name:	Sex/Gender:	Date of Birth:	SSN (optional):
Select hours of care requested (<i>select all that apply</i>): ☐ Full-time (6 hours or more/day) ☐ Part-time (less than 6 hours/day)	☐ Monday through Friday, 7 a.m.-6 p.m. ☐ Monday through Friday, 6-9 a.m. ☐ Monday through Friday, 3-6 p.m.		☐ Weekend ☐ Non-traditional ☐ Other: _____
In-Home Caregiver Information (<i>If requesting in-home services</i>)			

Full Name:	Date of Birth:
Address:	Phone Number:
Referring CFSA Worker	
Name: _____ Signature: _____ Date: _____ Worker Email Address: _____ Supervisor: _____ Supervisor Signature: _____	