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**Government of the District of Columbia ♦ Economic Security Administration/Child Care Services Division**

**Child Care Referral Form**

1. If you are requesting an admission form (voucher) for child care services between the hours of 7 am to 6 pm (Monday-Friday, traditional hours), please complete sections 1-4, 6-8 on the reverse side of this form.
2. If you are requesting an admission form (voucher) for child care services for non-traditional hours (before 7 am or after 6 pm Monday –Friday or Saturday or Sunday) ***complete section 5 as well*.**
	* If non-traditional child care hours are needed, proof of extended hours and days of employment is required. A letter from the employer, on company letter head, indicating work hours, should be submitted with this referral. If a letter cannot be obtained, please request a Verification of Employment form from the Office of Well Being. This form can be used to verify employment hours.
3. Additional **Required** Documentation:
	* **Health Certificate:** The current DC Universal Health Certificate (dated within 1 year of request) must be submitted for each child and include immunizations. **If the child is over the age of 1, a lead test and proof of varicella (chicken pox) vaccine is required**.
	* **Verification of Employment/Training or Education program:** The resource parent/teen parent must provide proof of employment or proof of participation in a training /education program to be eligible for an admission form. **Please provide a copy of the 2 most recent pay stubs or a letter from the employer (on letter head) that verifies work hours or a letter from training/education program that verifies enrollment along with this referral form.**  *Letter should include the name of the employee, the number of hours worked, a contact name and phone number.*

**Please Note:**

* A completed child care referral form, a current DC Universal Health Certificate, two most recent pay stubs, (or employer/training verification letter) is needed to process an admission form. (voucher)
* If the physician has evidence the child has been exposed to Tuberculosis (TB), a TB test will be required. If not, the physician can indicate on the Health Certificate that the risk for TB is low.
* In section 6, the date of birth of the head of household (and spouse, if indicated) **must** be included to process the application.
* The application must be signed and dated by the assigned social worker and have the signature of the 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 must apply directly to the Department of Human Services (DHS) @4001 South Capitol Street, SW, 1st Floor, Washington, DC 20032.***

**Referring Social Worker, please complete the following:**

|  |  |
| --- | --- |
| Name of Child(ren):  | Name of Child Development Center/Family Child Care Home: |
| Full Address of Child Development Center/Family Child Care Home: | Telephone Number: |
| Name of Director/Eligibility Worker: | E-mail AND Fax No. for Child Development Center / Family Child Care Home: |

**(rev. 2/16) (See other side)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please: 1. Use the child care code below in the appropriate column (col.4) to indicate the type(s) of Child Care needed for children referred for service.
2. Full Day
3. After School
4. Before School
5. Before and After School
6. Non-Traditional
7. Child Care Not Required
8. Use the following code to indicate sex of children in column 3.

F M | List all children in family and use appropriate child care code for services requested.**3**. Child’s Full name 2. DOB 3. Sex 4.Child care code

|  |  |  |  |
| --- | --- | --- | --- |
| Child 1:  |  |  |  |
| SSN: |
| Child 2: |  |  |  |
| SSN: |
| Child 3:  |  |  |  |
| SSN |
| Child 4: |  |  |  |
| SSN:  |

 |  **4. Referral Source:**1. Foster Care
2. Protective Supervision
3. Teen Parent

\**In-home cases must apply for voucher via DHS***5. Reason for Referral:** **(For Non-Traditional Hours Only)**[ ] Training or School (Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hours (daily) \_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_[ ] Employment- Hours per week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hours (daily)\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_ |
| **6. Head of Household** First\Middle Initial\Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_SSN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Number and Street) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(City, State, and Zip Code) (Home Phone)Primary Language Spoken : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_For Teen Parent or Resource Parent: Name of Employer/Training/Education Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Address, city, state, zip code)Number of Hours per week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_Attachment: 🞎Pay Stub 🞎Verification Letter  | 1. **Spouse’s Name (If applicable)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Number and Street) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (City, State, and Zip Code) (Home Phone)Primary Language Spoken:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_For Teen Parent or Resource Parent:Name of Employer/Training/Education /Program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Address, city, state, zip code) Number of Hours per week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Attachment: 🞎Pay Stub 🞎Verification Letter  | 1. **Mother’s Name (If different from 6 or 7)**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(City, State , Zip code) |
|  **For DHS Staff Only:****🞎 Resource Parent has changed** **Name of Former Resource Parent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SSN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Referring Worker Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Worker E-mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |