Child Care Application and Authorization

Authorization
If update, change in:

- [ ] Initial Authorization
- [ ] Redetermination
- [ ] Update
- [ ] Hours
- [ ] Children
- [ ] Address
- [ ] Custody
- [ ] Eligibility Extension
- [ ] Termination of Care
- [ ] Worker/ Unit

To:	From: (Print Worker Name)
	Unit, Number & Address
	City, Zip Code

SECTION A: CLIENT/ FAMILY INFORMATION If address for parent/ guardian is a P.O. Box, enter street address in "Comments" below.

Social Security No.	Last Name First Name MI (Print)	Date of Birth	Sex	Race
Social Security No.	Spouse or other Parent (if applicable) (Print): Last Name First Name MI	Date of Birth	Sex	Race
Address	City State Zip	Day Time Phone No.	Evening Phone No.	

If there is NO spouse: enter the Marital Status: [ ] Single   [ ] Divorced   [ ] Widowed   [ ] Separated

Parent/ (If different from above): Last Name First Name MI (Print)	Social Security No.	Date of Birth	Sex	Race
Address	City State Zip	Day Time Phone No.	Evening Phone No.	

SECTION B: ELIGIBILITY

I. Status: [ ] **Assistance**   [ ] **Non-Assistance**   **Rilya Wilson Act:** [ ] **Yes**   [ ] **No**

[ ] **At Risk:**   O PI   O PS   O FC   [ ] **Project Safety Net**

   [ ] In Home   [ ] Out of Home: Relative/ Non-Relative   [ ] Foster Care

[ ] **WAGES:**   O Applicant   O Recipient   RFA #: _____

   O Unemployed Parent   O Refugee (WAGES)   O Respite (WAGES)

[ ] **TCC:**   O 3 of 6 mos.   O Less than 3 of 6 mos.   TCC Begin Date:_____   End Date:_____   [ ] **TED**

FOR 4C AGENT USE ONLY

[ ] Income Eligible <100%	[ ] Child Care Purchasing Pool 150% - 200%	[ ] TANF "Child Only"
[ ] Income Eligible 100% <= 150%	[ ] OTHER	[ ] TANF (Relative Caregiver)

Copy To: 4C Agency, Applicant/ Client, and Referring Agency

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II. Purpose of Care

- ☐ Protection
- ☐ OTHER
- ☐ Therapeutic Plan
- ☐ Work Activity
- ☐ TANF At Risk (RCG)
- ☐ Education Activity (TED)
- ☐ Emergency

SECTION C: AUTHORIZATION

Child care services 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. Children authorized to receive care:

Name	SSN	Birth Date	Race/ Sex	FAHIS/ CIS	FOR 4C AGENT USE ONLY		
					Center/ Home Placed	Date Enrolled	Asses'd Fee

Gross Monthly Family Income: _____ Attach Documentation (if available)

Care Authorization from _____ through _____ (Not to exceed a 6 month period except TCC 3 of 6)

Comments: _____

SECTION D: AUTHORIZATION SIGNATURE(S) - I hereby certify that the information provided above is correct.

Applicant Signature: _____ Date: _____

Authorizing Worker: _____ Date: _____

Supervisory Approval: _____ Tel.: _____ Date: _____

4C Agency: _____ _____ Date: _____

THIS FORM IS VOID AFTER 10 CALENDAR DAYS FROM AUTHORIZATION DATE

Comment [d11]: User entered

Comment [d12]: User entered

Comment [d13]: This entire table is user entered and is for the worker to enter all children that child care is requested for.

Comment [d14]: User entered

Comment [d15]: Signature Lines are not user entered and would be manually signed once document is printed. The Date fields are user entered.