



Disposition of Child Care Referral Form

Referral Type:

At-Risk of Abuse and Neglect
 At-Risk Diversion
 TCA
 TCC

To caseworker issuing referral: Agency:

RE: PARENT/GUARDIAN:

We have been unable to arrange child care for the parent/guardian named above due to the following:

Choose an item.

Other:

We wish to inform you of the following change in child care status for the parent/guardian named above:

Child's name	Child Care Facility	Status
<input style="width: 190px; height: 25px;" type="text"/>	<input style="width: 190px; height: 25px;" type="text"/>	Choose an item.
<input style="width: 190px; height: 25px;" type="text"/>	<input style="width: 190px; height: 25px;" type="text"/>	Choose an item.
<input style="width: 190px; height: 25px;" type="text"/>	<input style="width: 190px; height: 25px;" type="text"/>	Choose an item.
<input style="width: 190px; height: 25px;" type="text"/>	<input style="width: 190px; height: 25px;" type="text"/>	Choose an item.
<input style="width: 190px; height: 25px;" type="text"/>	<input style="width: 190px; height: 25px;" type="text"/>	Choose an item.
<input style="width: 190px; height: 25px;" type="text"/>	<input style="width: 190px; height: 25px;" type="text"/>	Choose an item.

From: , ELCNC office Choose an office. Date.

If you have questions, please contact me at: (352) , extension:

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 212 N. Main Street
 Chiefland, FL 32626
 Phone: 352-490-5855
 Fax: 352-490-6762
 Toll-Free: 877-840-5437

Crystal River Office
 1566 N. Meadowcrest Blvd.
 Crystal River, FL 34429
 Phone: 352-563-9939
 Fax: 352-563-5933
 Toll-Free: 877-336-5437

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 114 N. Jumper Drive
 Bushnell, FL 33513
 Phone: 352-793-5430
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