



# Child Care Application and Authorization

**Authorization**     INITIAL AUTHORIZATION     REDETERMINATION     UPDATE  
 If update, change in:     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

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

<b>I. Status:</b>		<input type="checkbox"/> Assistance	<input type="checkbox"/> Non-Assistance	<b>Rilya Wilson Act:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> At Risk:	<input type="checkbox"/> PI <input type="checkbox"/> PS <input type="checkbox"/> FC	<input type="checkbox"/> Project Safety Net		
<input type="checkbox"/> In Home	<input type="checkbox"/> Out of Home: Relative/Non-Relative	<input type="checkbox"/> Foster Care		
<input type="checkbox"/> WAGES:	<input type="checkbox"/> Applicant <input type="checkbox"/> Recipient	RFA #: _____		
	<input type="checkbox"/> Unemployed Parent <input type="checkbox"/> Refugee (WAGES)	<input type="checkbox"/> Respite (WAGES)		
<input type="checkbox"/> TCC:	<input type="checkbox"/> 3 of 6 mos. <input type="checkbox"/> Less than 3 of 6 mos.	TCC Begin Date: _____	End Date: _____	<input type="checkbox"/> TED
<b>FOR 4C AGENCY USE ONLY</b>				
<input type="checkbox"/> Income Eligible <100%	<input type="checkbox"/> Child Care Purchasing Pool 150%-200%	<input type="checkbox"/> TANF "Child Only"		
<input type="checkbox"/> Income Eligible 100% <=150%	<input type="checkbox"/> OTHER	<input type="checkbox"/> TANF (Relative Caregiver)		
<b>II. Purpose of Care</b>				
<input type="checkbox"/> Protection	<input type="checkbox"/> Therapeutic Plan	<input type="checkbox"/> TANF At Risk (RCG)	<input type="checkbox"/> Emergency	
<input type="checkbox"/> Employment	<input type="checkbox"/> Work Activity	<input type="checkbox"/> Education Activity (TED)		

## 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 AGENCY 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: AUTHORIZING 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**