

## CHILD CARE AUTHORIZATION FORM

### INSTRUCTIONS

#### WORKER INFORMATION

This form is to be completed by a worker that is requesting child care for a child. This form should be used when data entry is to be completed by another individual other than the authorizing worker.

**Name of Authorizing Worker:** Enter the name of the authorizing worker.

**Authorizing Worker User ID/Worker #:** Enter the authorizing worker's ID or Worker number.

**Worker's Telephone Number:** Enter the telephone number of the authorizing worker.

**Worker's Fax Number:** Enter the fax number of the authorizing worker.

**Worker's Email Address:** Enter the email address of the authorizing worker.

**Name of Supervisor:** Enter the name of the authorizing worker's supervisor.

**Agency/County:** Enter the name of the agency and county of the authorizing worker

#### CHILD'S INFORMATION

**Name of Child:** Enter the name of the child for whom child care is being requested.

**Child's Date of Birth:** Enter the Date of Birth of the child for whom child care is being requested.

**Child's DCN:** Enter the Departmental Client Number (DCN) of the child for whom child care is being requested.

**Child's Functional Age:** Enter the functional age of the child for whom child care is being requested. Functional Age is defined as the age a child performs at, other than their chronological age and must be determined by a professional. For example: You may have a 6 year old, with the functional age of a 3 year old.

#### CHILD CARE PROVIDER INFORMATION

**Child Care Provider's DVN:** Enter the provider's Departmental Vendor Number (DVN). This is a nine digit number.

**Child Care Provider's Name:** Enter the Provider's Name or Provider's facility.

**Child Care Provider Type:** Select the Provider Type.

#### CHILD CARE AUTHORIZATION

**Beginning Date:** Enter the begin date in which child care is to start.

**Ending Date:** Enter the end date in which child care is to end. Child Care can only be authorized for up to one year.

**Child Care Provider Relationship:** Select yes if the provider is related to the child within the third degree. Select no, if the provider is not related to the child.

**Child Care Provider Relationship Type:** Select the relationship of the child care provider to the child.

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**Child Care Provider Relationship Verification:** Record the type of verification used to verify the provider to the child. For example: Birth certificates, school records, baptismal records.

**Payment Type:** Select the payment type for the provider i.e. direct pay is payment directly to child care provider. Note: Direct Payment is the preferred payment method for child care providers. If Resource Parent is being reimbursed for child care, the Resource Parent's DVN must be provided.

**Exception:** Select yes, if the child will need full time care when school is not in session. Select no if school closings do not require full time care.

**Child Care Provided In Child's Home:** Select the appropriate box. If child care is being provided in the child's home, select yes. All other care locations, select no.

**Service Type:** Select the appropriate age group of the child.

- **Full-Time Child Care** - During the course of one calendar day, any combination of hours of care equaling five (5) hours to ten (10) hours.
- **Half-Time Child Care** - During the course of one calendar day, any combination of hours of care equaling at least three (3) but less than five (5) hours.
- **Part-Time Child Care** - During the course of one calendar day, any combination of hours of care equaling at least 30 minutes (1/2 hour) but less than three (3) hours of care.
- **Evening Care** - Beginning or ending within the designated time frame of 7:01 P.M. to 6:00 A.M. between Sunday evening through Saturday morning.
- **Weekend Care** - Beginning or ending within the designated times of 6:00 A.M., Saturday morning to 7:00 P.M. Sunday evening.

**Number of Units:** Enter the number of units requested for each service type.

**Frequency (Weekly/Monthly):** Enter the frequency in which the units will be utilized (i.e. weekly or monthly).

**Comments:** Enter any comments, if applicable.

### APPROVAL SIGNATURES

**Worker Signature:** Enter the signature of the authorizing worker.

**Supervisor Signature:** Enter the signature of the authorizing supervisor. The worker should obtain supervisory approval prior to submitting the form to the data entry worker.

**Data Entry Worker Signature:** Enter the name of the individual completing the data entry.

**Data Entry Date:** Enter the data entry date.

**NOTE:** Form should be placed in the forms section of the child's case file. Additionally, a waiver must be completed and approved prior to authorizing a foster child to a registered child care provider.