

Child Welfare Foster Parent or Relative Caregiver Child Care Authorization



This request is submitted regarding the following child:

Child name: _____ DOB: _____ Person ID: _____

A child care reimbursement through DHS Child Welfare may be authorized for foster parents and relative caregivers with on-going commitments related to full or part-time employment or attending of college or other educational program. In limited circumstances a supervisor may approve for reasons other than paid employment or education. If applicable, document below:

Foster parent or relative caregiver 1 name: _____

Employer name/School: _____

Employer address: _____

Foster parent or relative caregiver 2 name: _____

Employer name/School: _____

Employer address: _____

Child care provider license #: _____ *(confirmed by DHS branch authorizing services)*

Child care provider individual: _____

Approved by certification: _____

Other approved program: _____

(may include government programs, before/after school programs)

Child care provider name: _____ Phone: _____

Child care provider address: _____

The foster parent or relative caregiver must notify the Department immediately regarding any changes impacting the need for child care.

Foster parent or relative caregiver signature

Date

Foster parent or relative caregiver signature

Date

Supervisor signature

Date

If the child is over the age of 12, the need for child care is documented in case notes.