

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 stipend through DHS Child Welfare may be authorized for foster parents and relative caregivers with on-going commitments related to full or part-time employment.
- A child care stipend may not be authorized for hours in which a parent is able to be at home (this does not include work from home).
- The stipend may be issued effective the month in which the request is date stamped received in the branch.

Foster parent or relative caregiver 1 name: _____ **Employed:**
Employer name: _____ Full-time
Employer address: _____ Part-time

Foster parent or relative caregiver 2 name: _____ **Employed:**
Employer name: _____ Full-time
Employer address: _____ Part-time

Mark any of the following services the child is currently receiving:

- ERDC (*through Self Sufficiency*) Amount: _____
- Head Start programs Days/hours: _____
- Pre-Kindergarten program Days/hours: _____

Child care provider license no.: _____ (*confirmed by DHS branch authorizing services*)
Child care provider name: _____ Phone: _____
Child care provider address: _____

The foster parent or relative caregiver understands that payment for child care may not be authorized for hours in which a parent can be home (this does not include working from home), and agrees to notify the Department immediately regarding any changes to available services or the continued need for child care.

Foster parent or relative caregiver signature **Date**

Foster parent or relative caregiver signature **Date**

The Department understands the need for employment related child care services and will document this in the child's case plan.

Child Welfare case worker or supervisor signature **Date**

Procedure:

1. Confirmation of provider license must be printed and scanned with this Authorization.
2. This authorization must be updated within six months from the month in which the foster parent signed this form, and every six months thereafter.