

AUTHORIZATION FOR SOCIAL SERVICES CHILD CARE

EES Program Administrator /Designee: _____	<input type="checkbox"/>	Approved
	<input type="checkbox"/>	Not Approved
Signature: _____	Date: _____	

I certify the need for Social Service Child Care.		
Name (print): _____	Date: _____	
Signature _____	Title: _____	
Check: <input type="checkbox"/> SRS Social Worker	<input type="checkbox"/> Physician	<input type="checkbox"/> Psychologist
<input type="checkbox"/> Other Social Worker	<input type="checkbox"/> Family Preservation Specialist	
<input type="checkbox"/> Other - Specify: _____		

Parent(s) Name: _____	KsCares Case Number: _____
Child's/Children: Full Name: _____	
Dates of Birth: _____	Social Security Number(s): _____
Child's/Children: Full Name: _____	
Dates of Birth: _____	Social Security Number(s): _____
Child's/Children: Full Name: _____	
Dates of Birth: _____	Social Security Number(s): _____
Child Care Provider: _____	Provider Type: _____
Address: _____	Telephone: _____

SRS USE ONLY	
Reason for Request	
<input type="checkbox"/>	Parent (inpatient) hospitalization.
<input type="checkbox"/>	Parent (outpatient) treatment.
<input type="checkbox"/>	Family in the process of SRS Intake Assessment.
<input type="checkbox"/>	Family receiving services through preservation contractor services or CFS Social Worker.
<input type="checkbox"/>	Documentation of parent/caretaker's need for child care is on file in case.