CHILD CARE WAIVER FORM

INSTRUCTIONS

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

WORKER INFORMATION

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

Name of 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.

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.

RESOURCE PROVIDER INFORMATION

Is the location of the Resource Provider(s) in the same city as their residence while child is in care: Select Yes or No. If no, provide the location of Resource Provider's residence.

Location of Resource Provider while child is attending child care: Enter the location of the Resource Provider during the time of care.

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ATTEMPT TO LOCATE LICENSED CARE

Attempts made to secure licensed/contracted child care: Worker should select all that apply.

Additional Attempts Made: Worker should note any additional attempts to secure a licensed/contracted provider.

EXTENUATING AND MITIGATING CIRCUMSTANCES

Select Circumstance(s): Worker should select the appropriate circumstances.

Additional extenuating and mitigating circumstances: Worker should note any additional extenuating and mitigating circumstances.

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: 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.