



Karyn T. Lynch
Director

**FOSTER/KINSHIP FAMILY DAYCARE
APPLICATION/REDETERMINATION**

SECTION I — Filled out by family

Date of Request: _____

Name of Foster/Kin Caregiver(s): _____

Address (including zip code): _____

Caregiver Telephone #: _____ Caregiver Emergency Telephone #: _____

Placement type (circle one): Foster Family Restricted Foster Family Formal Kinship

Social Security # (s): **Primary** _____ **Secondary** _____

Client Identification #: _____

SECTION II— Filled out by family

Note: Submit documentation of medical and/or emotional status of child that necessitates day care services (if applicable).

PRIMARY FOSTER/KINSHIP CAREGIVER:

Name of Employer and/or School: _____

Address of Employer and/or School: _____

Days and Hours Needed: _____

Note: Documentation must be submitted to support daycare services and hours needed

SECONDARY FOSTER/KINSHIP CAREGIVER:

Name of Employer and /or School: _____

Address of Employer and/or School: _____

Days and Hours Needed: _____

Note: Documentation must be submitted to support daycare services and hours needed



SECTION III — Filled out by Local Department Staff

Child's Name	Client Identification #	DOB	Name and Address of Day Care Program	Days and Hours of Care

FOR THE FOLLOWING QUESTIONS INDICATE YES OR NO:

Previously used day care/summer camp services for foster/kin care- _____

Currently utilizing (foster/kin) day care/summer camp services- _____

New request- _____

CIRCLE ALL THAT APPLY:

Licensed Home Licensed Center Informal Provider Summer Camp Program

Note: If Informal Provider is circled indicate the name and relationship in the space provided.

Name: _____

Relationship (kin or non-kin): _____

SECTION IV — Filled out by Local Department Staff

Eligible: _____ Ineligible: _____

Signature of Primary Foster/Kinship Parent _____
Date

Signature of Secondary Foster/Kinship Parent if Applicable _____
Date

Caseworker's Signature _____
Date

Supervisor's Signature _____
Date

Home Worker's Signature if Applicable _____
Date

Supervisor's Signature if Applicable _____
Date