ACD 1019 (FACE) REV 6/02

NYC Administration for Children's Services

SOCIAL SERVICES REFERRAL TO ACD

To:							From:			Date: _	/	/	
Director, RA #:							Agen	су:					
Address:								Address:					
Boro: Z						Zip: Boro:						Zip:	
Day Care Prog	gram I	Vame	e:										
1. Basic Data													
Madhau	Last Name:				Fire	First Name:			Maiden Name:		Tel:	Tel:	
Mother	Street Address				Ap	Apt No.			Boro:		Zip:	Zip:	
Fallson	Last Name:				Fire	First Name:					Tel:	Tel:	
Father	Street Address				Ap	Apt No.			Boro:		Zip:	Zip:	
Applicant If	Last Name:				Fir	First Name:			Relationship:		Tel:	Tel:	
Not Parent	Street Address				Ap	Apt No.			Boro:		Zip:	Zip:	
Children Needing Day Care													
NAME		SEX	BIRTH DATE	PRIMA LANGU	ARY JAGE	TYPE OF			DAY CARE		WHICH	LENGTH OF TIME FOR WHICH DAY CARE IS RECOMMENDED	
						GDC P/S GDC INF FDC GDC S/A GDC SPEC FDC				FDC FT FDC PT	T NO. OF MONS. NO. OF YEARS		
										FDC FT FDC PT			
						□ G □ G	GDC P/S GDC INF FDC FT GDC S/A GDC SPEC FDC PT			NO. OF MONS.			
				All O	ther	House	ehold I	Иетb	ers	T.			
NAME			KIN	KINSHIP E		DATE			NAME		KINSHIP	BIRTH DATE	
				0	ther	Involv	ed Ane	ncies	<u> </u>				
Other Involved Agencies AGENCY NAME AGENCY ADDRESS CONTACT TELEPHONE													
The state of the s													
2. Family Use of Day Care Service													
 a. Is family in receipt of assistance? b. If family is not receiving any form of Income Support, does family have the ability to pay day care, if required? c. If "yes" is family willing to pay such a fee? d. Attitude of Parent/Caretaker toward placement of children in day care: □ Highly Favorable □ Favorable □ Indifferent □ Resistant □ Highly Resistant e. Are there any limitations in transporting child(ren) to and from day care program? □ Yes □ No If "yes" describe: 													



3. Reason for Day Care

Explain why day care is needed and how day care will aid service plan for family and/or child(ren). If recertification, u	
or current status and explain why day care is still needed.	A SERVICE OR TREATMENT PLAN
MUST BE INCLUDED WITH THIS REFERRAL. Attach any	additional sheets required.
4 Current Family Social Eupationing	
 Current Family Social Functioning Give any additional information that might be useful in attem 	pting to make an appropriate day care
placement for the child(ren); i.e., specifics regarding p	hysical or emotional health, family
relationships, school problems (for school-age child(ren), etc.	Attach additional sheet if necessary.
Referring Person	
Name (Print):	Tel. No.:
Signature:	/ Date://
Supervisor	
Name (Print):	Tel. No.:
Signature:	Date: / /