## Georgia Department of Human Resources CHILD CARE REFERRAL & APPLICATION FOR SUPPLEMENTAL SUPERVISION \_\_\_\_\_\_ County Department of Family and Children Services

A. FOSTER CHILD INFORMATION (To be completed by SSCM)									
First Name	МІ	Last Name	e Sex	Date of Birth	Social Securi Number	y Child in School	Child in Pre-K	Child in Head Start	Child has a disability
Ethnicity (check one):									
Race (check one): White Black/African American									
B. FOSTER CARE PLACEMENT INFORMATION (To be completed by SSCM)									
Foster Parent's N	Vame	e Address	i			Home Ph	ione		
						Work Pho	one #		
			been chosen, check all that ap provided in child's home provided in provider's home			y: □ CRC completed □ CPS screening completed □ Approved by Foster Care			
All changes in the child's placement and child care arrangements MUST be reported to the child care case manager within 5 working days.									
Signature of Foster Care Case Manager									
Signature of I	Foste	er Care Case	Manage	r	Date		Case	Load ID	#
Signature of I			-			by the SSC			
-	E PR			ON (To			M or Fos		
C. CHILD CAR	E PR	OVIDER INF	ORMATION Name,	<b>DN (To</b> Address	be completed I		M or Fos		
C. CHILD CAR Reason Care is I	<b>E PR</b> Need Care	ed: is Needed:		<b>DN (To</b> Address	be completed I		M or Fos		
C. CHILD CAR Reason Care is I Days and Hours Date to begin CA	E PR Need Care	ed: eis Needed:	ORMATION Name, Phone	<b>DN (To</b> ) Address # :	be completed I and Phone # of	Childcare F	M or Fos Provider:		
C. CHILD CAR Reason Care is I Days and Hours Date to begin CA D. ELIGIBILITY	E PR Need Care APS <u>:</u>	ed: eis Needed:	ORMATION Name, Phone	DN (To) Address # : • comple	be completed I and Phone # of	Childcare F PS case ma	M or Fos Provider: Anager)	ster Pare	ent)
<ul> <li>C. CHILD CAR</li> <li>Reason Care is I</li> <li>Days and Hours</li> <li>Date to begin CA</li> <li>D. ELIGIBILITY</li> <li>1. Family Unit S</li> </ul>	E PR Need Care APS <u>:</u> ( DE	ed: is Needed:	ORMATION Name, Phone	DN (To) Address # : • comple	be completed I and Phone # of eted by the CAI	Childcare F <b>PS case ma</b> DFCS Maxi	M or Fos Provider: anager) mum? [	ster Pare	ent)
C. CHILD CAR Reason Care is I Days and Hours Date to begin CA D. ELIGIBILITY	E PR Need Care APS <u>:</u> ( DE	ed: is Needed: <b>TERMINATIO</b> k one):	ORMATION Name, Phone =	ON (To Address # : • comple	be completed I and Phone # of	Childcare F <b>PS case ma</b> DFCS Maxi	M or Fos Provider: anager) mum? [	ster Pare	ent)
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Signature of CAPS Case Manager

CAPS Case Load ID #