IOWA HHS

Iowa Department of Health and Human Services
Protective/Foster Care Child Care Documentation

SW Name	Date

☐ New application   ☐ Review   ☐ Changes

Need for Service (check all that apply):

☐ Prevent or alleviate child abuse or neglect (Protective Care)

☐ Foster child needing child care

Action Requested (check one):

☐ Beginning eligibility: Effective
   (Please use the date that child care services need to begin. Should match "date child care started" on page 3.)

☐ Continue/review eligibility: Effective

☐ Child care provider change: Effective

☐ Close protective or foster child care case: Effective

   Reason the case will close:

Child resides with: ☐ Parent   OR   ☐ Caretaker   OR   ☐ Foster Parent

List all adults in the home where the child(ren) live

First Parent's/Caretaker's Full Name	Relationship	Gender
First Parent's/Caretaker's State ID	Social Security Number	DOB
Second Parent's/Caretaker's Full Name	Relationship	Gender
Second Parent's/Caretaker's State ID	Social Security Number	DOB

Address and phone number where children live:

Street Address		
City	State	Zip
Phone number		

470-4895 (Rev. 11/22)

Child's Information (for all children needing child care)

Child's Name *(first & last names)*	DOB	SSN	State ID Number	Sex	Date the child started kindergarten *(for 5 year-olds only)*	Name of school the child attends	Race	Ethnicity	Citizen ** see CCA IM worker*	If alien, what is the child's alien status?
				☐ M ☐ F					☐ Y ☐ N	
				☐ M ☐ F					☐ Y ☐ N	
				☐ M ☐ F					☐ Y ☐ N	
				☐ M ☐ F					☐ Y ☐ N	
				☐ M ☐ F					☐ Y ☐ N	
				☐ M ☐ F					☐ Y ☐ N	

* The child's parent or caretaker must attest to the child's citizen status by a written statement from the parent or caretaker, or the local agency can get a printout of the child's TD03 from ABC (if the child has been on benefits).

Are any of the children listed above identified as having special needs? (See 13-G for the criteria for special needs.)

☐ Yes   ☐ No   If yes, who?

Attach documentation verifying special needs

☐ Documentation verifying special needs from health care/educational professional or SSI verification.

☐ Statement from the provider explaining what extra services or care is needed to provide for child with special needs. This is needed or the provider will not get paid the paid the special needs rate.

Hours/Days of Child Care Needed (1 unit = 5 hours)

Non-School Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Units per Week
From:								
To:								
From:								
To:								
Units per Day								

School Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Units per Week
From:								
To:								
From:								
To:								
Units per Day								

☐ Schedule varies between days. Total units per day and per week remains the same (only complete the grids for units per day and units per week).

☐ Supervisory approval needed for more than 2 units per day. (Note: Child care cannot be approved for 24 hour care): Explanation:

Supervisor's Signature (for approval of more than 2 units per day)

Child Care Provider Information

Current Child Care Provider	New Child Care Provider
Name:	Name:
Phone number:	Phone number:
Street/mailing address:	Street/mailing address:
City, state, zip:	City, state, zip:
Provider number:	Provider number:
Date child care started:	Date child care started:
Last day of child care:	

Comments: