**Child Welfare Child Care Services and Early Education**

**Referral and Change for CAPS, Early Head Start, Head Start and Pre-K**

**COMPLETE ONE APPLICATION PER CHILD**

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| Date Submitted: Click here to enter a date. | | | | | | Date Received by CAPS: Click here to enter a date. | | | | | | | | | | | By: Click here to enter text. |
| Type of Action: Choose an item. | | Case ID: Click here to enter text. | | | | | | | | Legal Status: Choose an item. If DFCS Custody: Choose an item. | | | | | | | |
| Type (s) of Service Requested (check all that apply):  CAPS  Early Head Start  Head Start  Pre-K | | | | | | | | | | | | | | | | | |
| **Case Manager Information** | | | | | | | | | | | | | | | | | |
| Name: Click here to enter text. | Title: Choose an item. | | | | | | | Telephone: Click here to enter text. | | | | | | | Email: Click here to enter text. | | |
| **Supervisor Information** | | | | | | | | | | | | | | | | | |
| Name: Click here to enter text. | | | | | | | | Telephone: Click here to enter text. | | | | | | | Email: Click here to enter text. | | |
| **County Director Information** | | | | | | | | | | | | | | | | | |
| Name: Click here to enter text. | | | | | | Telephone: Click here to enter text. | | | | | | | Email: Click here to enter text. | | | | |
| **Child Information** | | | | | | | | | | | | | | | | | |
| First Name: Click here to enter text. | | | MI: Click here to enter text. | | | | | | Last Name: Click here to enter text. | | | | | | | DOB: Click here to enter a date. | |
| SSN#: Click here to enter text. | | | | Gender: Choose an item. | | | | | | | Race: Choose an item. | | | | | | Ethnicity: Choose an item. |
| US Citizen: Choose an item. | Born in GA: Choose an item. | | | | | | | | | Legal County (county that has custody): Click here to enter text. | | | | | | | |
| Current Educational Status: Choose an item. | | | | | | | | | | Does child have Special Needs? Choose an item. | | | | | | | |
| Does child have and IFSP (Individualized Family Service Plan) or an IEP (Individualized Education Plan)? Choose an item. | | | | | | | | | | If yes, provide the last date updated: Click here to enter a date. | | | | | | | |
| **New Placement or New Provider changes MUST be reported to the Scholarship Administration Special Team within 24 hours.**  **All other changes must be reported within 5 business days.** | | | | | | | | | | | | | | | | | |
| **Placement Information (If two adult caregivers, provide information for both)** | | | | | | | | | | | | | | | | | |
| Caregiver Name: Click here to enter text. | | | | | | Address: Click here to enter text. | | | | | | | Caregiver Status: Choose an item. | | | | |
| Home Number: Click here to enter text. | | | | | Work Number: Click here to enter text. | | | | | | | Cell Number: Click here to enter text. | | | | | |
| Caregiver Name: Click here to enter text. | | | | | | Address: Click here to enter text. | | | | | | | Caregiver Status: Choose an item. | | | | |
| Home Number: Click here to enter text. | | | | | Work Number: Click here to enter text. | | | | | | | Cell Number: Click here to enter text. | | | | | |
| **Child Care Information** | | | | | | | | | | | | | | | | | |
| Reason Care Needed: Click here to enter text. | | | | | | | Days Needed: Click here to enter text. | | | | | | | Hours Needed: Click here to enter text. | | | |

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| **Required Items Needed for Referral** |
| Documents:  Provider Rate Sheet  Proof of Citizenship  Form 602  Proof of Activity (CPS)  Pre-K Referral (If Applicable) |

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| Type of Provider Selected: Choose an item. **Complete Appropriate Section Below Based on Informal/Formal Provider** | | | | | | |
| **Informal Provider** | | | | | | |
| Child Care Provider Name: Click here to enter text. | | | Address: Click here to enter text. | | | Phone: Click here to enter text. |
| Relationship to Child: Choose an item. | | DOB: Click here to enter a date. | | | Location of Care: Choose an item. | |
| CRC Completed  Yes  No | CPS Screening Completed:  Yes  No | | | Social Service Case Manager Approves Informal Provider?:  Yes  No | | |
| **Formal Provider** | | | | | | |

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| Child Care Provider: Click here to enter text. | Address: Click here to enter text. | Provider ID #: Click here to enter text. |

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| If Change in Provider: Social Service Case Manager Approves?:  Yes  No |  |

**Email COMPLETED Form to** [**CAPSReferrals@decal.ga.gov**](mailto:CAPSReferrals@decal.ga.gov)

**Write Child Welfare Referral in Heading for Referrals and Attach ALL Required Documents**

**Write Child Welfare Change in Heading for Changes and Attach ALL Required Documents**

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| **\*\*\*\*\*\*\*\*\*\*\*\*\*\*Internal Use for CAPS ONLY Below this Line\*\*\*\*\*\*\*\*\*\*\*\*\*\*** |
| **Section I: Document Review** |

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| All required documentation received. Application submitted for processing  Application not processed due to:  Incomplete Referral Form  Missing Documentation:  Proof of Citizenship  Rate Sheet  Form 602  Pre-K Referral (If Applicable)  Other Click here to enter text. |

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| **Section II: Early Head Start / Head Start Determination** | | | | | |
| Is the child between the age of 6 weeks and 5 years?  Yes  No – **If yes, complete Early Head Start / Head Start Section below** | | | | | |
| If yes, has DFCS Early Childhood Collaboration Manager been contacted for a search of Early Head Start / Head Start?  Yes  No | | | | | |
| Date Sent: Click here to enter a date. | | Date of Response: Click here to enter a date. | | | Outcome of Search: Choose an item. |
| Placement: Choose an item. | If Early Head Start or Head Start: Agency Name: Click here to enter text. | | | | |
| **Eligibility Determination** | | | | | |
| Family Unit Size: Click here to enter text. | | | Rate within DFCS Maximum? : Choose an item. Comment: Click here to enter text. | | |
| Cost of care if not within Maximum $Click here to enter text. | | | | **Application Disposition:** Choose an item. | |
| Has Case Manager been notified of placement?  Yes  No | | | | Date Notified: Click here to enter a date. | |
| Approving Scholarship Specialist Name: Click here to enter text. | | | | Date of Approval: Click here to enter a date. | |

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