

South Carolina Department of Social Services
SC VOUCHER PROGRAM
CHILD PROTECTIVE SERVICES/FOSTER CARE
CHILD CARE REFERRAL FORM

Section A

- Check One: Child Protective Services Foster Care
 CPS-In (Child still in their home) IV-E Foster Care
 CPS-Out (Child with caretaker out of child's home)
- Check One: New Application (Complete A, B, C, D, F, G or I) Extension of Authorization (Complete A, B, C, D, H, I)
 (County director signature required. See page 2)
 Switched to a New Child Care Provider (Complete A, B, C, D, I) Termination (Complete A, B, D, E, I)
 * Change in Responsible Adult (Complete A, B, C, D, I)
 * If checked, name of previous caregiver: _____

Section B – Parent/Guardian/Caretaker/Foster Parent

County of Case Management: _____ The following family is in need of SC Voucher Program Services:

Name of Parent/Guardian/Caretaker/Foster Parent	SSN	Relationship to Child
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Section C – List Child Care Provider

Provider/Facility Name	Provider SSN/FEIN
Provider/Facility Address	

Section D – Children in Need of Child Care Services

Child(ren)'s Name (First and Last)	Date of Birth	Social Security Number	Beginning and Ending Dates for Child Care Services
			From: _____ To: _____ <input type="checkbox"/> FT <input type="checkbox"/> HT <input type="checkbox"/> LHT
			From: _____ To: _____ <input type="checkbox"/> FT <input type="checkbox"/> HT <input type="checkbox"/> LHT
			From: _____ To: _____ <input type="checkbox"/> FT <input type="checkbox"/> HT <input type="checkbox"/> LHT
			From: _____ To: _____ <input type="checkbox"/> FT <input type="checkbox"/> HT <input type="checkbox"/> LHT

Section E – Notification of Termination of Child Care Services

This serves as notice that as of _____ Date child care services for the child(ren) listed in Part D will end at the _____
 Name and Address of Child Care Provider

Please Note: Human Services worker must ensure that proper notice is given to the child care provider or ensure that child care worker has obtained an early release from the provider.

Check One: These child(ren) are no longer eligible.
 These child(ren) will continue to need SC Voucher Program services. As appropriate, include any new information on responsible adult in section B. Upon approval, need child(ren) to be connected to new provider in section C. See authorization data above.

Section F – Complete for Initial Child Protective Services Child Care Referrals for Up to 26 Weeks of Child Care

- 1. Is there an open, active child protective services case for this child/family? Yes No If no, child care services cannot be provided through Child Welfare category. If yes, answer the remaining CPS questions.
- 2. As the child's/family's casemanager, I am referring this child/family for child care services for the following reason(s):
 - to enable the child to remain safely in the home while the parent(s) work on treatment goals.
 - to enhance the child's well-being by reducing the detrimental effects of abuse/neglect by providing developmentally appropriate experiences in physical, social, emotional, cognitive, and language development.
 - to provide developmentally appropriate supervision of the child while the parent(s) are working, in school, or training.
- 3. The family's income is over the SC Voucher Program income guidelines, but I am requesting the family's income be waived due to the need for child care services as noted above.

OR

- 4. This child is placed with a relative or alternative caregiver as a part of the child's safety or treatment plan but remains in the custody of the birth parents. Child care is needed for one or more of the following reasons:
 - the caregiver is employed
 - to enhance the child's well-being by reducing the detrimental effects of abuse/neglect by providing developmentally appropriate experiences in physical, social, emotional, cognitive, and language development.
- 5. (Check if applicable) The caregiver's income is over the SC Voucher Program income guidelines, but I am requesting the family's income be waived due to the need for child care services as noted above.

Section G – Complete for Foster Care Child Care Referrals for Up to 52 Weeks of Child Care

- 1. Is there an open foster care case for the child listed in section D and does DSS have custody of the child?
 Yes No If no, child care cannot be provided through Child Welfare category. If yes, answer remaining questions.
- 2. This foster child's income is \$ _____ and is within the SC Voucher Program income guidelines for a family of one. I am requesting that the child care fee be waived for this foster child.
- 3. As the child's case manager, I am referring this child for child care to allow the foster/adoptive parent(s) to work.
 Yes No If no, child care services cannot be provided through Child Welfare category. If yes, answer the remaining questions.
- 4. This child is in: Regular Foster Care Specialized Foster Care
 Adoptive Home (But the adoption has not been finalized)
- 5. (Check if applicable) Child care is needed for the baby of a foster child in DSS custody. Foster child is in school and/or employed and foster parent(s) are employed.

Section H – Approval by the County Director to Extend CPS Child Care for Additional 26 Weeks of Child Care

Reason for extension: _____

County Director Signature Date

Section I – Signatures Required on All Actions

Case Manager (Print Name and Sign) Date

Supervisor (Print Name and Sign) Date