

South Carolina Department of Social Services
EMERGENCY SHELTER PLACEMENT AUTHORIZATION

DSS County Office: _____

Telephone: _____

Provider Name: _____

Address: _____

Telephone: _____

Child(ren) Name(s):

1. _____ D.O.B.: _____

2. _____ D.O.B.: _____

3. _____ D.O.B.: _____

4. _____ D.O.B.: _____

5. _____ D.O.B.: _____

6. _____ D.O.B.: _____

7. _____ D.O.B.: _____

Provider: This form authorizes you to serve the child(ren) named above. If you have any questions about this approval, please contact the DSS representative by calling _____ at _____.

Approved by:

DSS Representative

Date

Provider Program Supervisor or Designee

Date

* Original to Provider
* Copy in each child's DSS file