**Child Care Authorization Worksheet**

This worksheet is a tool to assist authorization workers or parents in gathering information for the authorization assessment. This form is not mandatory and does not replace the requirement for entering authorization information in Case Comments.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Primary Parent’s Name: | | | | | | | | Case Number: | | | | | | Date: | |
| This is a request for (Please check one): | | | | | | | | | | | | | | | |
| New Authorization | Approved Activity and/or Schedule Change | | | | | | | | | | | Provider Change | | | |
| **SECTION A: Approved Activity Schedule** | | | | | | | | | | | | | | | |
| Primary Parent Name: | | | | | Second Parent’s Name (if applicable): | | | | | | | | | | |
| Schedule Begin Date: | | | Schedule End Date: | | Schedule Begin Date: | | | | | | | | Schedule End Date: | | |
| Please check what the approved activity is:  Employment  Self-employment  Education—please indicate one  High School  Basic Education  Post-Secondary Ed.  Online Education  W-2 or FSET / Learnfare  Activity Break Period (ACTS or TBRK) | | | | | Please check what the approved activity is:  Employment  Self-employment  Education—please indicate one  High School  Basic Education  Post-Secondary Ed.  Online Education  W-2 or FSET / Learnfare  Activity Break Period (ACTS or TBRK) | | | | | | | | | | |
| **Please tell us your weekly schedule. If you have a varying schedule,**  **please indicate the difference for each of the weeks.** | | | | | | | | | | | | | | | |
| Week 1: | | | | | Week 1: | | | | | | | | | | |
| Week 2: | | | | | Week 2: | | | | | | | | | | |
| Week 3: | | | | | Week 3: | | | | | | | | | | |
| Week 4: | | | | | Week 4: | | | | | | | | | | |
| **SECTION B: Child Care Provider Information** | | | | | | | | | | | | | | | |
| Child Care Provider Name: | | | | | | | | | Provider Number and Location Number: | | | | | | |
| Provider Address: | | | | | | | | | | | Phone Number: | | | | |
| Child Attendance Start Date: | | | | | Child Attendance End Date (if known): | | | | | | | | | | |
| **SECTION C: Shared Placement Information** | | | | | | | | | | | | | | | |
| **Child 1** | | | | **Child 2** | | | | | | **Child 3** | | | | | |
| Child 1 Name: | | | | Child 2 Name: | | | | | | Child 3 Name: | | | | | |
| Does this child have shared placement? | | Yes  No | | Does this child have shared placement? | | | Yes  No | | | Does this child have shared placement? | | | | | Yes  No |
| **What is the shared placement schedule? Please write the times and days of the week below.** | | | | | | | | | | | | | | | |
| Week 1: | | | | Week 1: | | | | | | Week 1: | | | | | |
| Week 2: | | | | Week 2: | | | | | | Week 2: | | | | | |
| **SECTION D: Child Care Need Information** | | | | | | | | | | | | | | | |
| **Child 1** | | | | **Child 2** | | | | | | **Child 3** | | | | | |
| Child 1 Name: | | | | Child 2 Name: | | | | | | Child 3 Name: | | | | | |
| Does this child have a disability? | | Yes  No | | Does this child have a disability? | | Yes  No | | | | Does this child have a disability? | | | | | Yes  No |
| Name of School: | | | | Name of School: | | | | | | Name of School: | | | | | |
| School Start and End Time: | | | | School Start and End Time: | | | | | | School Start and End Time: | | | | | |
| **How much travel time does it take to go between the child care provider location and**  **the parent’s approved activity? Please write your response in minutes below:** | | | | | | | | | | | | | | | |
| To Approved Activity: | | | | To Approved Activity: | | | | | | To Approved Activity: | | | | | |
| From Approved Activity: | | | | From Approved Activity: | | | | | | From Approved Activity: | | | | | |
| **When does the child need care? Please write the times and days of the week below.**  **If your child care need varies from week to week use multiple weeks.** | | | | | | | | | | | | | | | |
| Week 1: | | | | Week 1: | | | | | | Week 1: | | | | | |
| Week 2: | | | | Week 2: | | | | | | Week 2: | | | | | |
| Week 3: | | | | Week 3: | | | | | | Week 3: | | | | | |
| Week 4: | | | | Week 4: | | | | | | Week 4: | | | | | |
| School Closed Days: | | | | School Closed Days: | | | | | | School Closed Days: | | | | | |
| What is the best phone number to call if there are follow-up questions? | | | | | | | | | | | | | | | |