

Child Care Authorization Worksheet

Use of form: The Child Care Authorization Worksheet is an agency tool to assist in the process of determining an accurate number of hours to authorize for a particular child care case. This form is not mandatory, nor should eligibility be solely denied for participants who fail to return this worksheet.

Case Number	Today's Date
Case Name	Name – Authorization Worker

SECTION A Circumstances for Authorization

<input type="checkbox"/> New authorization	Begin date:	End date:
<input type="checkbox"/> Review	Begin date:	End date:
<input type="checkbox"/> Change	Effective date:	
<input type="checkbox"/> Termination	No longer in approved activity effective: Child no longer attending effective: Other:	
Identify Case Type:	<input type="checkbox"/> Regular <input type="checkbox"/> Foster care <input type="checkbox"/> Non-court ordered Kinship Care <input type="checkbox"/> W-2 / FSET <input type="checkbox"/> Teen parent <input type="checkbox"/> Court ordered Kinship Care <input type="checkbox"/> Combination case (list details):	

SECTION B Provider Information (List multiple provider details in Section F.)

Name – Provider	Address – Provider (Street, City, State, Zip Code)
Provider Number / Location	Telephone Number – Provider
Provider Hours of Operation	<input type="checkbox"/> Yes <input type="checkbox"/> No Is the provider related to any of the children? If "Yes", which child(ren)?

SECTION C Approved Activity

Parent One	Parent Two																																																																
Name – Parent One	Name – Parent Two																																																																
Approved Activity (Check approved activity.)	Approved Activity (Check approved activity.)																																																																
<input type="checkbox"/> Name – Employer	<input type="checkbox"/> Name – Employer																																																																
<input type="checkbox"/> High School <input type="checkbox"/> Post Secondary Education	<input type="checkbox"/> High School <input type="checkbox"/> Post Secondary Education																																																																
<input type="checkbox"/> Self Employed	<input type="checkbox"/> Self Employed																																																																
<input type="checkbox"/> W-2 / FSET (EP End Date:)	<input type="checkbox"/> W-2 / FSET (EP End Date:)																																																																
<input type="checkbox"/> Other – Specify:	<input type="checkbox"/> Other – Specify:																																																																
Weekly Schedule of Approved Activity Hours	Weekly Schedule of Approved Activity Hours																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Begin Time</th> <th style="text-align: center;">End Time</th> <th style="text-align: center;">Daily Total</th> </tr> </thead> <tbody> <tr><td style="padding: 2px;">Sunday</td><td></td><td></td><td></td></tr> <tr><td style="padding: 2px;">Monday</td><td></td><td></td><td></td></tr> <tr><td style="padding: 2px;">Tuesday</td><td></td><td></td><td></td></tr> <tr><td style="padding: 2px;">Wednesday</td><td></td><td></td><td></td></tr> <tr><td style="padding: 2px;">Thursday</td><td></td><td></td><td></td></tr> <tr><td style="padding: 2px;">Friday</td><td></td><td></td><td></td></tr> <tr><td style="padding: 2px;">Saturday</td><td></td><td></td><td></td></tr> </tbody> </table>		Begin Time	End Time	Daily Total	Sunday				Monday				Tuesday				Wednesday				Thursday				Friday				Saturday				<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Begin Time</th> <th style="text-align: center;">End Time</th> <th style="text-align: center;">Daily Total</th> </tr> </thead> <tbody> <tr><td style="padding: 2px;">Sunday</td><td></td><td></td><td></td></tr> <tr><td style="padding: 2px;">Monday</td><td></td><td></td><td></td></tr> <tr><td style="padding: 2px;">Tuesday</td><td></td><td></td><td></td></tr> <tr><td style="padding: 2px;">Wednesday</td><td></td><td></td><td></td></tr> <tr><td style="padding: 2px;">Thursday</td><td></td><td></td><td></td></tr> <tr><td style="padding: 2px;">Friday</td><td></td><td></td><td></td></tr> <tr><td style="padding: 2px;">Saturday</td><td></td><td></td><td></td></tr> </tbody> </table>		Begin Time	End Time	Daily Total	Sunday				Monday				Tuesday				Wednesday				Thursday				Friday				Saturday			
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NOTE: If approved activity or schedule changes week to week, please identify a two week schedule in Section F.

SECTION D Child(ren) Information

Name – Child 1			Name – Child 2			Name – Child 3		
Age			Age			Age		
Name – School Attending			Name – School Attending			Name – School Attending		
School Year: <input type="checkbox"/> Traditional <input type="checkbox"/> Year Round			School Year: <input type="checkbox"/> Traditional <input type="checkbox"/> Year Round			School Year: <input type="checkbox"/> Traditional <input type="checkbox"/> Year Round		
	School Hours	CC Hours		School Hours	CC Hours		School Hours	CC Hours
Sunday			Sunday			Sunday		
Monday			Monday			Monday		
Tuesday			Tuesday			Tuesday		
Wednesday			Wednesday			Wednesday		
Thursday			Thursday			Thursday		
Friday			Friday			Friday		
Saturday			Saturday			Saturday		
<input type="checkbox"/> Yes <input type="checkbox"/> No Does this child need care before and / or after school?			<input type="checkbox"/> Yes <input type="checkbox"/> No Does this child need care before and / or after school?			<input type="checkbox"/> Yes <input type="checkbox"/> No Does this child need care before and / or after school?		
<input type="checkbox"/> Yes <input type="checkbox"/> No Does this child need days off only?			<input type="checkbox"/> Yes <input type="checkbox"/> No Does this child need days off only?			<input type="checkbox"/> Yes <input type="checkbox"/> No Does this child need days off only?		
<input type="checkbox"/> Yes <input type="checkbox"/> No Special needs child?			<input type="checkbox"/> Yes <input type="checkbox"/> No Special needs child?			<input type="checkbox"/> Yes <input type="checkbox"/> No Special needs child?		

SECTION E Shared Placement Information

Yes No Is there shared placement or joint custody of any of the children (court ordered or non-court ordered)?
If "Yes", complete Section E below with a detailed two week schedule as to when the child is in your care. (Further documentation may be requested to support the information identified below.)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Child 1: Week One							
Week Two							
Child 2: Week One							
Week Two							
Child 3: Week One							
Week Two							

SECTION F Additional Comments

SECTION G Travel Time

Allowable travel time per day or week:

Notes:

FOR AGENCY USE ONLY

Total Authorized Hours

Co-Pay Code

Authorization type: Enrollment Attendance CSAW education tracking complete

Remaining education time –

Post secondary education:

Basic education:

SIGNATURE – Person Completing FormDate Signed
