

CHILD CARE REFERRAL

Non-TANF Refugee Services

1. To: Child Development Services _____ 2. Date of Appointment _____
 3. Address of Eligibility Center _____

4. Parent's Name _____		DOB: _____	
5. Address _____		Phone: _____	
6. Parent's Alien Number _____	7. Parent's Date of Entry into U.S. _____	8. Country of Origin _____	
9. Spouse/Second Parent Name if in home _____	10. Spouse/2 nd Parent's Alien # _____	11. Spouse/2 nd Parent's date Entry into U.S. _____	12. Country of Origin of 2 nd the Parent _____
13. Services Currently Being Received By Parent: (i.e. Medicaid, TANF Support Services, etc) _____			

14. Referral Source (i.e. Employment, Adult Ed., Match Grant): (Select one)
 Employment Provider Adult Education Provider Match Grant Provider

15. Prioritization: (Select one)
 Currently employed and placed by an Employment Provider or Match Grant Program.
 Currently enrolled full-time in Adult Education classes.
 Currently enrolled part-time in Adult Education classes or ESOL.
 Currently enrolled with an Employment Provider or Match Grant Program and is actively seeking employment.

16. Date of employment or enrollment in an employment or adult education program. _____

17. Employed at Date of Referral Yes No

18. Employed 6 mo.

19. Termination Date _____

20. Reason: _____

ESOL or Adult Education registration period: _____ Family Size: _____

Employment Location	Address	Phone
Parent: _____	_____	_____
2 nd Parent _____	_____	_____

21. Names of Children	22. Date of Birth	23. Social Security # (If Available)	24. Alien #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Attachments: 25. Copy of current immunization record 26. Copy of Child(ren)'s Birth Certificate
 27. Copy of Child(ren)'s physical examination record (completed within last 12 mos.)
 28. Copy of USCIS Documentation showing refugee/entrant status (If Available)
 29. Copy of Social Security Cards (If Available)

Comments: _____

30. Name & Telephone # of Referring Agency _____

 Signature of Representative Date Form Completed