Texas Department of
Family and Protective Services

Form K-901-1809
Revised April 2026

FOSTER/RELATIVE AND OTHER DESIGNATED CAREGIVER DAY CARE VERIFICATION

Purpose: This form is required for foster parents, relatives and other designated caregivers requesting day care.

Directions: Complete all sections of the form. Once signed, the form must be turned in to the caseworker processing your day care request. Please contact your kinship,conservatorship, or permanency caseworker if you have any questions.

CAREGIVER INFORMATION	
Caregiver is defined as the individual(s) with whom the child is placed and who has signed Form 0695 Kinship Caregiver Agreement or the individual(s) with whom the child is placed and designated as the foster parent.	
Please list all the adults in the home and indicate if they are a caregiver:	
Name:	Caregiver: ☐ Yes ☐ No
Name:	Caregiver: ☐ Yes ☐ No
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Name:	Caregiver: ☐ Yes ☐ No
Name:	Caregiver: ☐ Yes ☐ No
Name:	Caregiver: ☐ Yes ☐ No
Relationship: ☐ Foster Parent ☐ Relative (Kinship) Caregiver	
List the full names of the child(ren) needing day care services:	

COMMUNITY RESOURCES

Per policy and statute, caregivers must verify that they have attempted to find appropriate day care services for the child through community services.

Did you contact the Head Start programs, a Pre-Kindergarten Program, Public School Early Education Programs, and all other available and appropriate resources available in your community?

☐ Yes ☐ No

If No, please explain why:

Was the child placed on a waiting list for services? ☐ Yes ☐ No

If yes, list programs here:

If No, please explain why:

PRIVACY STATEMENT

DFPS values your privacy. For more information, read our Privacy and Security Policy.

ACKNOWLEDGMENT

Day care services are not guaranteed. I understand that daycare services will not be paid for until I am notified by my local childcare services agency of approval. Any daycare services utilized prior to approval will not be reimbursed by DFPS.

The above information is true, correct and complete. I understand that giving false information to DFPS is considered fraud.

Caregiver Signature: **X**	Date Signed:
Caregiver Signature: **X**	Date Signed: