



## FOSTER/RELATIVE AND OTHER DESIGNATED CAREGIVER DAYCARE 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 original must be turned in to the caseworker processing your day care request. Please contact your kinship or conservatorship caseworker if you have any questions.

CAREGIVER INFORMATION	
A caregiver is a person who is responsible for a child's care, custody, or welfare, including a person with whom the child's primary caregiver cohabits with and any others in the home also identified as sharing responsibility for a child's care, custody, or welfare. To include, but not limited to, all persons listed on the foster care license, home study or medical consentor.	
Please list all the adults in the home and whether and indicate if they are a caregiver:	
Name:	Caregiver: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Caregiver: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Caregiver: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Caregiver: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Caregiver: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Caregiver: <input type="checkbox"/> Yes <input type="checkbox"/> No
DFPS - CPS conservatorship: <input type="checkbox"/> Foster Parent <input type="checkbox"/> Relative (Kinship) Caregiver	
The above-named adults are the caregivers for the following child(ren) needed daycare services:     	



**COMMUNITY RESOURCES**

Per policy and statute, caregivers must verify that they have attempted to access appropriate community services to care for the child, such as Head Start, pre-kindergarten classes, public (government-funded) pre-kindergarten classes, and early education programs offered through the local schools. If a child is eligible for community day care type services, but no services are available, the caregiver must place the child on the waiting list.

Did you contact the Head Start programs, a Pre-Kindergarten Program, Public School Early Education Programs 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:

**DEOMGRAPHICS**

Number of persons living in the home (excluding children in DFPS conservatorship):

Monthly Gross Family Income: (excluding income of children in DFPS conservatorship living in your home):

Check the appropriate box next to the type of income that you or any member of your household receives when calculating monthly income:

- |   |   |
|---|---|
| <input type="checkbox"/> Gross Wages                      | <input type="checkbox"/> Veteran's Benefits                                     |
| <input type="checkbox"/> Child Support                    | <input type="checkbox"/> Retirement Benefits                                    |
| <input type="checkbox"/> Alimony                          | <input type="checkbox"/> Other Disability Benefits                              |
| <input type="checkbox"/> SSI-Supplemental Security Income | <input type="checkbox"/> Adoption Subsidy                                       |
| <input type="checkbox"/> Social Security Benefits         | <input type="checkbox"/> Other Income Type (contributions, rental income, etc.) |

**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: