

Instructions for Completing a Child Protective Services Referral for Subsidized Child Care Services



1. Families that need assistance with the cost of child care can apply for subsidized child care services through the Child Care Eligibility List at www.changingtidesfs.org or by calling 707-444-8293 or 800-795-3554. Space may not be immediately available on a program, however families can receive priority enrollment if they have an open CWS case, or the child/ren need/s services to alleviate the risk of abuse, neglect or exploitation. The family will continue to be responsible for the cost of care until an Approval Notice of Action is issued. Enrollments are not backdated.
Referrals can originate from either:
 - a. Humboldt County DHHS - Child Welfare Services Unit (CWS) if child care and development services are a necessary component of the child protective services plan, or
 - b. a licensed & legally qualified professional performing legal, medical, health or social services in the State of California
2. Once a family begins the screening process for enrollment, the referral form must be completed, or a written referral on official letterhead can be submitted. This referral must be dated within the 6 months immediately preceding the application and must originate from CWS, or from a licensed professional (as listed above). If incomplete, enrollment will be delayed.
3. If completing the form, do not leave blank fields. Incomplete forms will delay enrollment of the family and child care subsidies are not “backdated”.
4. If submitting a letter, the following information must appear on the referring agency’s letterhead:
 - a. Full name of parent/guardian and child/ren currently receiving child protective services.
 - b. Statement that child care and development services are a necessary component of the child protective services plan (for CWS referral) or a statement that child care and development services are needed to reduce or eliminate the at-risk situation.
 - c. Start date and end date showing probable duration of at-risk situation.
 - d. Child care schedule needed to alleviate the risk situation, days of the week and number of hours per day.
 - e. Days and times of scheduled visitation/partial custody with the biological parents or other guardian
 - f. Printed name, signature, license number (if not CWS staff), title, address and phone number of the person making the referral.
 - g. A statement if the family should be exempted from paying any fees (per CDE, there is only a one-time fee exemption). The parent/guardian will still be responsible for paying any child care costs to the provider that are not covered by the program. Payments to providers are capped at required state levels.
5. The referral must be received at 2379 Myrtle Ave. Eureka, CA 95501 prior to child care services being authorized. Other documentation will be required from the family and will be listed on the Enrollment Checklist (i.e. proof of custody, proof of residency, birth certificates, proof of immunizations, etc.) Once enrolled, care will be authorized up to 3 months (or up to 12 months if referred by CWS). Our agency will ask for an updated referral after 6 months. If 24-hour care is needed, child care and development services may not be appropriate for the family. Child Care Services staff will not release information regarding families served unless a signed Child Care Services’ *Release of Information Form* is on file.

Child Protective Services Referral Form for Subsidized Child Care Services



This form can only be completed by an authorized agent of the Department of Health & Human Services, Child Welfare Services unit, or a legally qualified professional (licensed) performing legal, medical, health or social services in the State of California.

The family below needs financial assistance with the cost of child care and,

_____The family is being referred by CWS because child care is a necessary component of the open CWS plan **or**

_____The family is being referred by a licensed qualified professional (as listed above) to alleviate the at-risk situation

Printed Name of Parent/Foster Parent/Guardian _____ DOB _____

Printed Name of Second Caretaker living in the household _____

Mailing Address _____ City _____ Zip Code _____

Phone # _____ Email address _____

There is scheduled visitation/partial custody with the biological parents or other guardian on the following days and times: _____

Probable duration of at-risk situation is from date _____ to date _____

Name of child 1 that needs care _____ DOB _____

This child has an open CWS plan ___Y___N (If no, this child does not qualify).

Days and times care is needed: _____

Name of child 2 that needs care _____ DOB _____

This child has an open CWS plan ___Y___N (If no, this child does not qualify).

Days and times care is needed: _____

The family should receive the one-time family fee exemption: ___Y___N

Printed Name of CWS staff/licensed professional completing referral _____

Signature _____ Title _____ Date _____

License # (if not CWS staff) _____ Email _____

Address _____ City _____ Zip Code _____

Phone # _____ Fax # _____

Mar. 2017