

# 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](http://www.changingtidesfs.org) or by calling 707-444-8293 or 800-795-3554. Space may not be immediately available on a program, however once enrollment begins families can receive priority screening 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. 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, our Referral Form must be completed, or a written referral on your agency letterhead can be submitted. This referral must originate from CWS, or from a licensed & legally qualified professional (as listed above).
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 alleviate 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 at-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 CDSS, 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.
  - h. Incomplete letters will delay enrollment of the family and child care subsidies are not "backdated".
5. The referral must be received by Child Care Services staff 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 no less than 12 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.

Kerry Venegas, Executive Director

[Child Care Services/Subsidies/Referrals](#) | [Special Needs Services](#) | [Mental Health Services](#) | [Parent Supports](#)

2259 Myrtle Avenue, Eureka, CA 95501 | 707.444.8293 (P) | 800.795.3554 | 707.444.8298 (F) | [www.changingtidesfs.org](http://www.changingtidesfs.org)

# 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 (check one),

- 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 \_\_\_\_\_ DOB \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ Email address \_\_\_\_\_

List the current/scheduled visitation/partial custody (days and hours) with the biological parents or other guardians \_\_\_\_\_

Probable duration of at-risk situation is from date \_\_\_\_\_ to date \_\_\_\_\_

Name of child 1 that needs care \_\_\_\_\_ DOB \_\_\_\_\_

The child has an open CWS plan  Yes  No (If no, this child does not qualify, if referred by CWS)

Days and times care is needed: \_\_\_\_\_

Name of child 2 that needs care \_\_\_\_\_ DOB \_\_\_\_\_

The child has an open CWS plan  Yes  No (If no, this child does not qualify, if referred by CWS)

Days and times care is needed: \_\_\_\_\_

The family should be exempted from paying a family fee to the program at this time  Yes  No

Printed Name of CWS staff/licensed professional completing referral \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

License Number (if not CWS staff) : \_\_\_\_\_

July 2021

Kerry Venegas, Executive Director