

Kinship/Foster Child Care Referral and Approval

Eligibility Criteria *(All must apply to be eligible.)*

- Child is in a relative living arrangement as a result of a safety plan, a temporary arrangement monitored by HCJFS, or in agency custody and placed with the kinship or foster caregiver.
- Case is open and will remain open as long as Kinship/Foster Child Care services are needed. Kinship/Foster Child Care will **terminate** when the Children's Services case is closed.
- There is a need for child care due to the employment or educational needs of the caregiver, the respite needs of the caregiver, and/or the social developmental needs of the child (all requests must be verified by the case manager).
- Kinship/Foster Child Care is for children under the age of 13 or for children between the ages of 13 and 18 requiring care due to a verified physical or mental disability, as verified by a medical professional.
- **Kinship/Foster Caregiver was determined ineligible for publicly-funded child care (Title XX).**

Notes:

- When total household income is below 130% of Federal Poverty Guidelines, the household **may** be eligible for Publicly-Funded Child Care (PFC).
- Caregivers may be directed to complete the application by Kinship/Foster Child program based on provided income information.
- The **HCJFS 8011 – Child Care Application Packet** is available at 222 E. Central Parkway, 3rd Floor or www.hcjfs.org.
- If eligible for PFC, then caregiver will receive ECC benefit card(s) for the child(ren) instead of foster/kinship childcare assistance.
- Based on established criteria, the Program Specialist may set waiver conditions regarding provision of temporary or ongoing Kinship/Foster Child Care.

Information Required in SACWIS:

- For custody cases, a placement must be recorded in SACWIS.
- For non-custody cases, a living arrangement must be recorded in SACWIS.
- Caregiver must be provider in SACWIS before Kinship/Foster Child Care can be approved. ** See form [HCJFS 4706](#) if a provider ID needs to be created.**

Case Information:

Case Name:	Case Number:	Caseworker's Name:
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Kinship/Foster Caregiver Information:

Name:	SACWIS Provider ID**:	Phone #:
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Kinship/Foster Caregiver's Family Members: List ALL persons living in the Kinship Caregiver's home *(use reverse side if necessary)*

Name	Relationship	DOB	Sex		Does child need Child Care?		Indicate type (s) of care Please see options (A,B,C,D) below		Child Care Begin Date
			M	F	Y	N	Requested	Approved	
	Self		<input type="checkbox"/>	<input type="checkbox"/>	Y	N	Requested	Approved	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Type of care approved will be determined by program specialist based on eligibility criteria:

- A = Full Time (only age 5 and under)** **C = School Age (before & after care)**
B = Part Time (only age 5 and under) **D = School Age (summer break)**

Foster Caregivers Only:

Licensed Child Care Provider Name:	License Number:	Phone Number:
Address	<input type="checkbox"/> Child Day Care Center <input type="checkbox"/> Family Day Care Home	Email Address:

In signing this, I recognize that eligibility may be discontinued for any of the following:

- Change in child's custody status
- Change in child's living arrangement
- Change in case provider type
- Child or children are no longer in need of child care
- Child reaches age 13
- Children's Services case closes
- Improper use of funds

I agree to:

- Notify HCJFS of any changes that may impact eligibility including changes in the child's living environment or the child's legal custody status
- Utilize the funds only to assist with child care needs on behalf of the child placed by HCJFS;
- Utilize a certified or licensed child care provider (foster caregivers only). Caseworkers may approve an unlicensed child care provider for kinship placements.
- Submit an [HCJFS 4129 – Kinship/Foster Child Care Attendance Confirmation form](#) monthly-following the use of child care services.

Caregiver's Signature	Date
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Before Kinship/Foster Child Care can be approved and payments issued, the caregiver must:

- ✓ Sign this referral form; and
- ✓ Submit a [vendor registration form](#). (Payments will come to the address on the vendor registration form so this must be accurate.)

Income Screening Outcome:

- HCJFS 8011 – Child Care Application** not required based on initial income screening
- HCJFS 8011 – Child Care Application** not required based on secondary review by Child Care team
- HCJFS 8011 – Child Care Application** required

Program Specialist completes the following:

- Provider Denied for PFC (denial required if applicant is referred to complete **HCJFS 8011 – Child Care Application Packet**)

Disposition:

- Approved; Denied – reason:

Program Specialist's Approval	Date
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