



## Child Care Application and Authorization Form First Responder and Essential Health Care Personnel (Declaration of Emergency Response)

**Authorization type:**  INITIAL AUTHORIZATION  REDETERMINATION  UPDATE

FROM: (Print Organization's Representative Name)

Phone Number

Organization Name

Mailing Address, City, ZIP Code

### SECTION A: FAMILY INFORMATION

Parent/Guardian #1 Name of Employer:	(Print) Last Name	First Name	MI	Date of Birth	Gender	Race
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated					
Parent/Guardian #2 Name of Employer:	(Print) Last Name	First Name	MI	Date of Birth	Gender	Race
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated					
Mailing Address:	City	State	ZIP Code	Contact Phone No.		
Email Address:						

### CHILD INFORMATION

Child # 1 selected child care provider:	(Print) Last Name	First Name	MI	Date of Birth	Gender	Race
Child # 2 selected child care provider:	(Print) Last Name	First Name	MI	Date of Birth	Gender	Race
Child # 3 selected child care provider:	(Print) Last Name	First Name	MI	Date of Birth	Gender	Race

### AUTHORIZING PARENT OR GUARDIAN SIGNATURES

I hereby certify that the information provided above is correct.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION B: ELIGIBILITY

<b>Employment status:</b> Please select <b>one</b> of the reasons for purpose of care:	<input type="checkbox"/> First Responder Participant	<input type="checkbox"/> Essential Health Care Personnel
<b>Verification of the following (with documentation attached):</b> For child(ren) needing care	<input type="checkbox"/> U.S. Citizen or Qualified Alien	Comments:
	<input type="checkbox"/> Verification of age	

### AUTHORIZATION

**HOURS:** Child care service is authorized for this client for approved work activity(ies) not to exceed a total of \_\_\_\_\_ hours per week.  
This total includes \_\_\_\_\_ hours per week for reasonable transportation time.

**DATES:** CHILD CARE AUTHORIZATION FROM \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ THROUGH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Authorization period: 3 months or less for first responder and essential health care participant)

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**AUTHORIZING REFERRING AGENCY SIGNATURES**

I hereby certify that the information provided above is correct.

Organization authorizing signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SECTION C: COALITION AUTHORIZING SIGNATURES**

I hereby certify that the information provided above is correct.

Coalition staff: (Print) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**SECTION D: CLARIFYING COMMENTS (IF APPLICABLE)**

# Instructions for Child Care Application and Authorization Form for First Responder and Essential Health Care Participant ( Declaration of Emergency Response)

## INTRODUCTION

This form is intended to be the single referral and authorization form for child care services provided by the School Readiness child care program for families directly involved in the health care field relating to an emergency response. It is designed to be used by authorized employees of designated health care or first responder organizations and their associated programs.

## CHILD CARE APPLICATION AND AUTHORIZATION

The person completing the form should state whether this is an initial authorization or a redetermination. The "FROM" section must clearly identify the organization sending the referral and authorizing child care. The person completing the form must also include the mailing address, city and ZIP code for the referring organization in this section.

## SECTION A: FAMILY INFORMATION

- Employment:** Enter the name of the Parent/Guardian/Foster Parent/Caregiver's employer.
- Parent:** Enter Primary Parent/Guardian/Caregiver's last and first name, DOB, demographics and marital status.
- Secondary parent:** Enter Secondary Parent/Guardian/Caregiver's last and first name, DOB, demographics and marital status.
- Mailing address:** Enter the family's mailing address and phone number(s) as appropriate.
- Email address:** Enter the parent's email address, if applicable.
- Child(ren):** For children authorized to receive care, enter the selected child care provider, last and first name, date of birth and demographics. Use the CLARIFYING COMMENTS section if there are more than three children for one referral.
- Applicant Signature:** Applicant (if available) must sign and date in the space provided.

## SECTION B: ELIGIBILITY

- Health Care Participant:** This refers to the client's purpose for care. Check the appropriate box: First Responder or Essential Health Care Personnel.
- Verification documents:** Check the appropriate box if the parent has verification of the child(ren)'s citizenship or child(ren)'s age and attach the applicable documentation to the referral.
- Comments:** Enter additional comments pertaining to application information, if applicable.

## AUTHORIZATION

- Hours authorized:** Enter in the spaces provided the total hours per week that the organization has authorized child care based on the parent's prescribed work activities and the hours allotted for reasonable transportation time.
- Dates:** Enter the starting and ending dates for the authorized child care period. The organization must send a redetermination authorization to the coalition prior to the end of the initial referral if the family remains eligible. Services for the referred families may be requested in increments of three months or less for First Responder or Essential Health Care Participants.

## AUTHORIZING REFERRAL AGENCY SIGNATURE

- Authorizing referral agency signature:** Referring organization (agency) must sign and date the referral on the date of authorization. The referral is NOT VALID if it is not signed by an authorized representative.

## SECTION C: COALITION AUTHORIZING SIGNATURES

- Coalition staff signature:** A coalition staff person must print his or her name, sign and date the referral in the space provided. The date must reflect the date received. The coalition's staff must offer services to the children referred within 3 business days from receipt of a valid referral.

## SECTION D: CLARIFYING COMMENTS (IF APPLICABLE)

The organization may use this space of the application to enter clarifying comments that are pertinent to application information.