



# Referral for Early Care and Education Services (This is not a voucher)

## 1. CASE IDENTIFICATION

ACS Case Number: ACS Case Name:  
CNNX ID Number: Stage ID Number:  
Date of Referral:

## 2. TYPE OF REFERRAL

Foster Care Preventive Child Protective

## 3. REFERRAL SOURCE INFORMATION

Referral Source's Name: Phone:  
Email: Fax:  
Referral Source's Supervisor's Name: Supervisor's Phone:  
Supervisor's Email: Supervisor's Fax:  
Agency of Referral Source: Program Name:  
Case Planner's (CP) Name: Phone:  
Case Planner's Email: Fax:  
Case Planner's Unit Number:

## 4. FAMILY/CARETAKER INFORMATION

Parent's/Caretaker's Name:  
Parent's/Caretaker's Title (Check One): Parent Foster Parent Other:  
Household: Single Two-Parent  
Other Parent's/Caretaker's Name:  
Primary Language:  
Home Phone: Cell: Work Phone:  
Street Address: Apt. No.:  
City/Borough: Zip Code:

For **CHILD CARE REFERRALS** of children with foster parents:

Is the foster parent employed? Yes No

*Foster parents must be employed at least 20 hours a week to be eligible to receive subsidized child care. If a child lives in a 2-parent foster home, both foster parents must be employed for at least 20 hours a week*



**5. CHILDREN NEEDING EARLY CARE AND EDUCATION SERVICES**

**Age Requirements:** This referral form can be used to refer children between the ages of six (6) weeks and school age for early care and/or education services. Children ages 3 and 4 are eligible for referrals to Head Start using this form. Children who wish to enroll in Head Start between September and December must turn 3 years old by December 31st of the current calendar year.

**Eligibility Codes:** **A** = Preventive/Non-Mandated; **B** = Preventive Mandated;  
**C** = Placement; **D** = Protective.

**Child # 1**

Child's Name:

Gender:    Male      Female                      Special Needs or Disabilities<sup>1</sup>:    Yes      No  
 Birth Date:                                      Primary Language:  
 Does the family have an open cash assistance case?    Yes, Case No.:                      No  
 Eligibility Code:    A      B      C      D              Borough Preference:

**Child # 2**

Child's Name:

Gender:    Male      Female                      Special Needs or Disabilities<sup>1</sup>:    Yes      No  
 Birth Date:                                      Primary Language:  
 Does the family have an open cash assistance case?    Yes, Case No.:                      No  
 Eligibility Code:    A      B      C      D              Borough Preference:

**Child # 3**

Child's Name:

Gender:    Male      Female                      Special Needs or Disabilities<sup>1</sup>:    Yes      No  
 Birth Date:                                      Primary Language:  
 Does the family have an open cash assistance case?    Yes, Case No.:                      No  
 Eligibility Code:    A      B      C      D              Borough Preference:

**Child # 4**

Child's Name:

Gender:    Male      Female                      Special Needs or Disabilities<sup>1</sup>:    Yes      No  
 Birth Date:                                      Primary Language:  
 Does the family have an open cash assistance case?    Yes, Case No.:                      No  
 Eligibility Code:    A      B      C      D              Borough Preference:

<sup>1</sup>Special Needs or Disability: If Yes, identify what these needs are in the notes section (section 10 below).



## 6. HOUSEHOLD<sup>2</sup> INFORMATION

Please fill out the information below for the entire household. List the caretaker followed by everyone who lives in the household.

	Last Name	First Name	Relationship to Caretaker	Race*	Hispanic or Latino?	Date of Birth	Gender	SSN (Optional)
1.			CARETAKER		Yes No		M F	
2.					Yes No		M F	
3.					Yes No		M F	
4.					Yes No		M F	
5.					Yes No		M F	
6.					Yes No		M F	
7.					Yes No		M F	
8.					Yes No		M F	

\*Race: (Please indicate by number in the table above)

1 Native American or Alaskan Native    2 Asian    3 African American/Black    4 Native Hawaiian or Pacific Islander    5 Caucasian/White

## 7. EMPLOYMENT

Parent's/Caretaker's Name:

Parent's/Caretaker's Employer:

Hours Per Week:

Phone:

Address:

City/Borough:

State:

Zip:

Parent's/Caretaker's scheduled days/hours of employment (e.g. Mon-Fri, 9 AM - 5 PM)

Does job have rotation shift?    Yes    No

Does job require overtime?    Yes    No

Other Parent's/Caretaker's Name:

Other Parent's/Caretaker's Employer Name:

Hours Per Week:

Phone:

Address:

City/Borough:

State:

Zip:

Parent's/Caretaker's scheduled days/hours of employment (e.g. Mon-Fri, 9 AM - 5 PM)

Does job have rotation shift?    Yes    No

Does job require overtime?    Yes    No

<sup>2</sup>For the purposes of this form, household is the residence of the child or children being referred to early care and education services.



### 8. INFORMATION USED TO DOCUMENT CARETAKER'S WORK STATUS AND/OR INCOME

**Please Note:** Referrals made for families with a protective case (eligibility code D), do not need to include employment information or verification. This section can be left blank for protective cases.

Pay Stubs    Notarized Letter from Employer    Other\*

ACD 1069 Referral to Employer for Employee Income Information

Caretaker's Monthly Gross Income:

\*If other information was provided to verify the caretaker's employment, the referral source must speak to the caretaker's employer and provide the information below. If the caretaker has an alternative source of income, such as SSI, retirement benefits or unemployment insurance, an award letter may be used to verify the caretaker's income.

Person Contacted at Employer: \_\_\_\_\_ Date: \_\_\_\_\_

Verification Made By (Print Name): \_\_\_\_\_ Date: \_\_\_\_\_

Verification Made By (Sign Name): \_\_\_\_\_

Supervisor Authorization (Print Name): \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Authorization (Sign Name): \_\_\_\_\_

Reason for Rejection (if applicable): \_\_\_\_\_

### 9. CERTIFICATION

**Child protective cases:** The signature of a Child Protective Specialist Supervisor II (CPSS II) in the Division of Child Protection is required to certify that the case is active and that early care and education services are or will be part of the service plan. The CPSS II shall return the completed referral to the Child Protective Specialist. Once the CPSS II has completed the certification section, a password-protected copy of the certified referral form shall be emailed to the ECE Special Referral Unit at [ECEProtectiveReferral@acs.nyc.gov](mailto:ECEProtectiveReferral@acs.nyc.gov).

**Preventive cases:** After the referral source and supervisor have verified the employment and income information provided and signed section 8, the referral sources shall email a password-protected copy of this form to [dps\\_opta.childcarereferral@acs.nyc.gov](mailto:dps_opta.childcarereferral@acs.nyc.gov) for review. The signature of a staff member in the Division of Preventive Services' Office of Preventive Technical Assistance (OPTA) is required to certify that the case is active and that early care and education services are or will be part of the service plan. Once the certification section is complete, a password-protected copy of the certified referral form shall be emailed by OPTA to [ECEPreventiveReferral@acs.nyc.gov](mailto:ECEPreventiveReferral@acs.nyc.gov).

**Foster care cases:** The referral source shall email a password-protected copy of this form to [fps.childcarereferral@acs.nyc.gov](mailto:fps.childcarereferral@acs.nyc.gov) for review. The signature of a staff member in the Division of Family Permanency Services' Office of Centralized Operations is required to certify that the case is active and that early care and education services are or will be part of the service plan. Once the certification section is complete, a password protected copy of the certified referral form shall be emailed by the Office of Centralized Operations to [childwelfareferral@acs.nyc.gov](mailto:childwelfareferral@acs.nyc.gov).

Authorized by (Name and Division):

DPS    FPS    DCP

Authorized by (Signature): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_

### 10. Notes

\_\_\_\_\_  
\_\_\_\_\_  
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