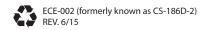


Is the foster parent employed?

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

		1. CASE II	DENTIFICATIO	N			
ACS Case Numb	er:		ACS Case Nan	ACS Case Name:			
CNNX ID Numbe	er:		Stage ID Num	Stage ID Number:			
Date of Referral:							
		2. TYPE	OF REFERRAL				
Foster Care	Preventive	Child Protectiv	/e				
	3	. REFERRAL SC	OURCE INFORM	IATION			
Referral Source's	Name:			Phone:			
Email:				Fax:			
Referral Source's	Supervisor's Na	ame:		Supervisor's Phone:			
Supervisor's Em	ail:			Supervisor's Fax:			
Agency of Refer	ral Source:			Program Name:			
Case Planner's (0	CP) Name:			Phone:			
Case Planner's E	mail:			Fax:			
Case Planner's U	nit Number:						
	4.	. FAMILY/CARE	TAKER INFORM	MATION			
Parent's/Caretak	er's Name:						
Parent's/Caretak	er's Title (Check (One): Parent	Foster Parent	Other:			
Household: S	ingle Two-Pa	arent					
Other Parent's/C	aretaker's Name	e:					
Primary Langua	ge:						
Home Phone:		Cell:		Work Phone:			
Street Address:				Apt. No.:			
City/Borough:				Zip Code:			
For CHILD CARE	REFERRALS of	children with f	oster parents:				

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

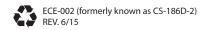


5. CHILDREN NEEDING EARLY CARE AND EDUCATION SERVICES

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 Nar	me:								
Gender:	Male	Fer	nale			Special Needs or Disabilities ¹ : Yes No			
Birth Date:	:					Primary Language:			
Does the f	amily ha	ive an	open	cash a	ssistance (case? Yes, Case No.: No			
Eligibility (Code:	Α	В	C	D	Borough Preference:			
Child # 2 Child's Nar	me:								
Gender:	Male	Fer	nale			Special Needs or Disabilities ¹ : Yes No			
Birth Date:	:					Primary Language:			
Does the f	amily ha	ive an	open	cash a	ssistance (case? Yes, Case No.: No			
Eligibility (Code:	Α	В	C	D	Borough Preference:			
Child # 3 Child's Nar	me:								
Gender:	Male	Fer	nale			Special Needs or Disabilities ¹ : Yes No			
Birth Date:	:					Primary Language:			
Does the f	amily ha	ive an	open	cash a	ssistance (case? Yes, Case No.: No			
Eligibility (Code:	Α	В	C	D	Borough Preference:			
Child # 4 Child's Nar	me:								
Gender:	Male	Fer	nale			Special Needs or Disabilities ¹ : Yes No			
Birth Date:	:					Primary Language:			
Does the f	amily ha	ive an	open	cash a	ssistance (case? Yes, Case No.: No			
Eligibility (Code:	Α	В	C	D	Borough Preference:			

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



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

Does job have rotation shift?

6. HOUSEHOLD² 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	

1 Native American or Alaskan Native	2 Asian	3 African American/Black	4 Native Hawaiian or Pacific Islan	nder 5 Caucasian/White
		7. EMPLOYME	NT	
Parent's/Caretaker's Name:				
Parent's/Caretaker's Employe	r:			
Hours Per Week:		Phone:		
Address:		City/Borough:	State:	Zip:
Parent's/Caretaker's schedule	ed days/ł	nours of employment	t (e.g. Mon-Fri, 9 AM - 5 PM)	
Does job have rotation shift?	Yes	No Does	s job require overtime?	Yes No
Other Parent's/Caretaker's Na	ime:			
Other Parent's/Caretaker's En	nployer l	Name:		
Hours Per Week:		Phone:		
Address:		City/Borough:	State:	Zip:
Parent's/Caretaker's schedule	ed days/h	nours of employment	t (e.g. Mon-Fri, 9 AM - 5 PM)	

No

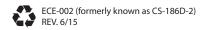
Yes

Does job require overtime?

Yes

No

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.

			verify the caretaker's inco	me.	ment benefits of difemployment
Person C	ontacted	d at Employer:	Date:		
Verificati	on Made	By (Print Name	Date:		
Verificati	on Made	By (Sign Name):		
Supervis	Date:				
Supervis	or Autho	orization (Sign I	Name):		
Reason f	or Reject	ion (if applicab	le):		
			9. CER1	IFICATION	
to certify that completed r the certified Preventive	nt the case is eferral to th referral forr cases: After	s active and that ear e Child Protective S m shall be emailed t r the referral source	rly care and education ser pecialist. Once the CPSS II o the ECE Special Referral and supervisor have veri	vices are or will be part of the sert has completed the certification s Unit at <u>ECEProtectiveReferral@ac</u> fied the employment and income	sion of Child Protection is required vice plan. The CPSS II shall return the section, a password-protected copy of cs.nyc.gov. e information provided and signed are referral@acs.nyc.gov for review. The
signature of the case is a	a staff men ctive and th	nber in the Division at early care and ed	of Preventive Services' Of ducation services are or w	fice of Preventive Technical Assis	tance (OPTA) is required to certify that ce the certification section is complete, a
signature of is active and	a staff mem that early c	nber in the Division care and education s	of Family Permanency Ser services are or will be part	vices' Office of Centralized Opera of the service plan. Once the cert	arereferral@acs.nyc.gov for review. The tions is required to certify that the case tification section is complete, a password ochildwelfarereferral@acs.nyc.gov.
Authoriz	ed by (No	ame and Divisio	n):		
DPS	FPS	DCP			
Authoriz	ed by (Si	gnature):			
Phone:		Em	ail:		Date:
			10	. Notes	