☐ New Agreement
☐ Change in Schedule
☐ Extension

County of Sonoma Human Services Department

APPLICATION FOR CHILD CARE SERVICES

Social Worker: _____ Telephone #: 565-_____

Section 1. FAMILY IDENTIFICATION				
Name of parent/caretaker	SSN #	Gender	Phone Number (home)	Alternate Phone Number
Street address	City		State	Zip
Case Number:			**Family Size:**	

Section 2. FAMILY ELIGIBILITY AND REASON FOR NEEDING SERVICE

A. Family Eligibility Status

B. Reason for Needing Service

X	Child Protective Services	X	Child referred for protective services because of neglect, abuse, exploitation, or risk thereof

DATA ON CHILDREN & HOURS OF CARE

Child's Name				
Date of Birth				
Gender				
Ethnicity				
Race				
Native Language				
Special Needs? (IEP/IFSP)				
Mon				
Tue				
Wed				
Thu				
Fri				
Sat				
Sun				
Week Total				
ESTIMATED START DATE:		**END DATE:**		**# WEEKS:**

NAME & TYPE OF CHILD CARE

NAME OF CHILD CARE PROVIDER:	LICENSE-EXEMPT? ☐ Y ☐ N	LICENSED FAMILY CHILD CARE	LICENSED CHILD CARE CENTER	CHILD CARE AT SCHOOL SITE
	RELATIVE? ☐Y ☐N	☐	☐	☐
CHILD CARE PROVIDER PHONE NUMBER:				
CHILD CARE PROVIDER ADDRESS:				
CHILD CARE PROVIDER TAX ID NUMBER:				

COST OF CARE: $ per hour/day/week/month – 1st child
$ per hour/day/week/month – 2nd child
$ registration fee for months of care

SIGNATURE OF PARENT: _____ DATE: _____

_____ _____ _____

Social Worker **Social Worker Supervisor** **Section Manager**

date:

HSD 166 (9/09) NS