

Child Care- Summary of Services

CHILD'S NAME _____

DATE	PROGRESS NOTE #	SERVICE
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CC 1. CHILD CARE SUBSIDIES ELIGIBILITY

_____ JOBS Child Care Subsidy (Co-pay \$0)

_____ Employment Related Day Care (ERDC) (Co-Pay \$_____)

_____ Enhanced DHS Contract (Co-Pay \$0)

_____ Checklist approved: Yes No

_____ Teen Parent Child Care Program (Co-Pay \$_____)

_____ Other: _____

_____ Ineligible for Subsidy programs

_____ Reason: _____

Child care payment policy discussed with family.

Drop-off/pick-up policy discussed with family.

CC 2. CHILD CARE CO-PAY PLAN & FOLLOW UP

_____ 1. _____

2. _____

3. _____

4. _____

CC 3. CO-PAY (indicate yes,no or n/a each month) & FOLLOW UP

Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug

1. _____

2. _____

3. _____

CC 4. COORDINATED CASE MANAGEMENT MEETINGS WITH DHS

_____ 1. _____

2. _____

3. _____

CC 5. FEEDING AND TOILETING CHARTS (Infants and Toddlers)

Infant Enrollment and Formula acceptance Form Accepted ___ Declined ___

CC 6. SPECIAL CONCERNS (indicate date and context of concern)

_____ 1. _____

_____ 2. _____

_____ 3. _____

