

VERIFICATION OF SHELTER CASE PLAN

DES CHILD CARE ADMINISTRATION INFORMATION

Client ID No.: _____ Specialist Name: _____

Local office fax number: _____ Local Office Email Address: _____

SHELTER INFORMATION

Shelter Name: _____ Date: _____

Address (No., Street): _____

City: _____ State: _____ ZIP Code: _____

This is to confirm that _____, _____, became a
Parent Name (First, Last, MI) *Other Parent Name (First, Last, MI)*

resident of the shelter on _____ Date. It is anticipated that this client will reside at the shelter through _____ Date

and is unable or unavailable to provide care to the children listed below for the days and hours specified:

Children's Names	Monday Hours	Tuesday Hours	Wednesday Hours	Thursday Hours	Friday Hours	Saturday Hours	Sunday Hours

Comments:

Shelter Representative's Signature: _____ Date: _____

Shelter Representative's Name (Print name): _____ Phone No. _____

CHILD CARE ELIGIBILITY GUIDELINES REGARDING HOMELESS/DOMESTIC VIOLENCE SHELTER RESIDENTS

Homeless/domestic violence shelter residents are eligible for Child Care Services based on the following criteria as verified by an authorized shelter representative:

1. Family **resides** in a homeless shelter¹;
2. The parent, legal guardian or caretaker relative is **unavailable** to care for his/her child(ren) for a portion of a 24 hour day due to his/her involvement in structured shelter activities or shelter directed activities such as job search, counseling, work readiness activities; or
3. The parent, legal guardian or caretaker relative is **unable** to care for his/her child(ren) for a portion of a 24 hour day due to mental/physical/emotional disability, as verified* and qualified below:

*The individual's diagnosis, inability to care for the children and anticipated recovery date have been verified by a licensed physician, certified physician assistant, certified nurse practitioner, certified psychologist or certified behavioral health specialist employed or retained by the shelter.

- Child Care Services will only cover the amount of time the parent is unable to care for his/her child(ren); and
- The amount of time needed for ongoing treatment for a specified condition.
- Services will not cover intermittent appointments (*that are not part of an ongoing treatment plan*).

Requirements include:

1. Shelter staff are required to indicate days/hours/duration that child care is needed due to an inability/unavailability of parent to provide care. Indication of specific client activities is not required.
2. Child Care Services are authorized based on the above criteria unless the parent meets the eligibility for Cash Assistance related, low income employed or Department of Child Safety/Child Care.

¹ For the purpose of these guidelines, a homeless shelter is a program that is operated by a governmental organization or an organization granted tax exempt status under USCA § 501(c)(3) of the United States Revenue Code, which assists homeless families and is designed to provide temporary living accommodations and a program of services to assist such families toward self-sufficiency.