

**CPS FOSTER CHILD CARE REFERRAL**

Initial

Bi-Annual

Foster Parent (s) Name: \_\_\_\_\_

\_\_\_\_\_ Foster Care Agency: \_\_\_\_\_

DOB Parent #1:

DOB Parent #2

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

**CCMS USE ONLY:**

One Parent Working 40 hours

Yes \_\_\_\_\_

No \_\_\_\_\_ If not, how many? \_\_\_\_\_

Two Parents Working 80 hours (40 hrs. each)

Yes \_\_\_\_\_

No \_\_\_\_\_ If not, how many? \_\_\_\_\_

Three months of pay check stubs?

Yes \_\_\_\_\_

No \_\_\_\_\_

Comments:

Date Eligibility Completed:

Eligible

Ineligible

Signature: \_\_\_\_\_

Date: \_\_\_\_\_