

# **FOSTER/RELATIVE & OTHER DESIGNATED CAREGIVER DAYCARE VERIFICATION CPS (DFPS)**

Purpose: This form is required for foster parents, relatives and other designated caregivers requesting day care.

Instructions: Complete all sections of the form.

Directions: Once signed, the original must be turned in to the caseworker processing your day care request. Please contact your kinship or conservatorship caseworker if you have any questions.

I, \_\_\_\_\_, am the caregiver for the following child(ren) in  
Caregiver name-please print (Circle one: foster parent kinship caregiver)

DFPS conservatorship:

\_\_\_\_\_  
\_\_\_\_\_

I have sought daycare services from the following the community resources:

**Check all that apply:**

**Head Start Programs**

**Pre-kindergarten Program**

**Public School Early Education Programs**

**Other** \_\_\_\_\_

Use back of the form if necessary

**Please provide the following information:**

**Number of persons living in the home (excluding children in DFPS conservatorship):** \_\_\_\_\_

**Monthly Gross Family Income: (excluding income of children in DFPS conservatorship living in your home):** \_\_\_\_\_ **see reversed side for additional instructions**

**The above information is true, correct and complete. I understand that giving false information to DFPS is considered fraud.**

\_\_\_\_\_  
Caregiver Signature

\_\_\_\_\_  
Date

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*For completion by CPS staff if waiver is granted*

**DFPS has waived completion of the above information based on the fact that verification of this information would prevent an emergency placement that is in the child's best interest.**

\_\_\_\_\_  
Caseworker Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Director Signature

\_\_\_\_\_  
Date

**FOSTER/RELATIVE & OTHER DESIGNATED CAREGIVER DAYCARE VERIFICATION**  
**CPS (DFPS)**

Print Name

Print Name

Date

**ADDITIONAL DAYCARE SERVICES SOUGHT:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CALCULATING MONTHLY INCOME:** Check the appropriate column next to the type of income that you or any member of your household receives. Include when calculating monthly income.

<b>SOURCE OF INCOME</b>	<b>Check all that apply</b>
Gross Wages	
Child Support	
Alimony	
SSI-Supplemental Security Income	
Social Security Benefits	
Veteran's Benefits	
Retirement Benefits	
Other Disability Benefits	
Adoption Subsidy	
Other Income Type (contributions, rental income, etc.)	