

AT RISK REFERRAL

Referral must be from a legally qualified profession from a Legal, Medical, Social Service, or Emergency Shelter.

Name of Agency: _____

Address: _____

Name of Qualified Professional: _____

Title: _____ **License #:** _____

Phone #: _____ **Fax #:** _____

Name of Parent(s): _____ Phone #: _____

Address: _____

Child Care and Development Services are requested for the following child(ren):

<u>Name</u>	<u>Birthdate</u>	<u>Name</u>	<u>Birthdate</u>
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The child(ren) is/are at risk of abuse, neglect, or exploitation: **Yes** **No**

The family requires Child Care and Development services: **Yes** **No**

How will Child Care and Development services assist the child(ren) and the family as part of your At Risk plan? _____

additional information attached

Duration of the need for child care & development services: **From** _____ **To** _____

Care needed: (circle days needed) **Mon** **Tues** **Wed** **Thurs** **Fri**

(write in hours needed) _____

The family may be required to a "share of cost" (Family Fee) for this child care, based on their family size and gross income. *Do you feel it its necessary to waive this Fee for the maximum of three (3) months from the date of this referral?*
Yes **No**

Signature of Legally Qualified Professional

Date of Referral

The family must be enrolled into subsidized child care within three (3) months from the date of this referral, otherwise this referral becomes invalid, and a new referral must be written. Once enrolled, subsidized child care for this At Risk need can be paid for a maximum of three (3) months from the date of this referral. The family cannot be recertified with a continuing need of At Risk. They must have a new qualifying need to remain enrolled.