SAN LUIS OBISPO CHILD DEVELOPMENT CENTER
1720 BISHOP STREET
SAN LUIS OBISPO, CALIFORNIA 93401
(805) 544-0801 FAX #: (805) 544-2611

D.S.S. CHILD WELFARE SERVICES' REFERRAL: Date:______________________

Address:____

Department:_______________________________________ Phone #:___________________

Name:____ Title:______________________

REFERRED CLIENT Birthdate: ________________

Mother's/
Guardian's Name: _________________________________ Phone #: __________________

Father's/
Guardian's Name: _________________________________ Birthdate: ________________

Phone #: __________________

Child's Name _____________________________________ Birthdate: ________________

Child's Name: ____________________________________ Birthdate: ________________

Child's Name: ____________________________________ Birthdate: ________________

The above named child(ren) and family are referred to your program for child abuse prevention, intervention and treatment services including child development services. I certify that the child(ren) is/are receiving **family reunification services** pursuant to Welfare and Institutions Code Section 16500.5 or **family maintenance services** pursuant to Welfare and Institutions code Section 16506, and that the case plan documents that the family requires care for the child. I understand that services can be provided for a maximum of 12 months and I further specify that:

☐ Please provide services for at least 12 months

☐ Fees for services to be waived for a maximum of 12 months (check if applicable).

This family is receiving ☐ Family Reunification Services ☐ Family Maintenance Services

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

(write in hours needed) _____ _____ _____ _____ _____

Please list family's/ child's circumstances, special needs and/or history:__________________________

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(continue on back as needed)

SIGNATURE:____

NOTE: We are open year round, Monday through Friday from 7:00 a.m. to 5:30 p.m. and provide therapeutic child care/child develop services for children 2 through the age of 10. Children under two may be referred for the purpose of being placed on the waiting list.