TO: EARLY LEARNING RESOURCE CENTER
FROM: _____
DATE: _____

THIS FORM IS TO VERIFY CUSTODY OF THE CHILD(REN) NAMED BELOW WITH THE OFFICE OF CHILDREN AND YOUTH.
(THIS IS FOR THE ELRC TO DETERMINE ELIGIBILITY FOR PRIORITIZED FUNDING)

THE FOLLOWING CHILD(REN) IS/ARE:

☐ UNDER THE CARE AND SUPERVISION OF THE OCY (FOSTER CARE-**PRIORITIZED**)

☐ NOT UNDER THE CARE AND SUPERVISION OF THE OCY (**NOT** PRIORITIZED)

☐ PLACED VOLUNTARILY IN A KINSHIP CASE WITH A RELATIVE (**NOT** PRIORITIZED)

CHILD(REN)'S NAME:	CHILD(REN)'S DATE OF BIRTH:	CITIZENSHIP (US/etc)

THE CHILD(REN) NAMED ABOVE IS/ARE CURRENTLY IN THE APPROVED FOSTER/KINSHIP HOME OF:
(PLEASE ADD FULL NAME(S) OF FOSTER/KINSHIP PARENT(S) THE CHILD(REN) IS/ARE PLACED WITH)

IF THE CHILD(REN) IS/ARE UNDER CARE AND SUPERVISION OF THE OCY, THIS FORM WILL CONFIRM THAT THE OCY IS AWARE THE ABOVE-NAMED FOSTER/KINSHIP PARENT IS REQUESTING SUBSIDIZED DAYCARE FOR THE PURPOSE OF HAVING SOMEONE CARE FOR THE FOSTER CHILD(REN) WHILE THEY ARE AT WORK.

DEPARTMENT OF HUMAN SERVICES LICENSED DAYCARE CENTER
DEPARTMENT OF HUMAN SERVICES LICENSED GROUP DAYCARE HOME
DEPARTMENT OF HUMAN SERVICES REGISTERED FAMILY DAYCARE HOME

IF YOUR FOSTER FAMILY NEEDS ASSISTANCE IN LOCATING A REGULATED CHILDCARE PROVIDER, PLEASE HAVE THEM CONTACT LORRAINE RODRIGUEZ AT:
1-800-860-2281 EXT. 182 or email info@nwirelrc.org

SUPERVISOR SIGNATURE IS REQUIRED

CASEWORKER SIGNATURE	**DATE**	**SUPERVISOR SIGNATURE**	**DATE**