

CHILD CARE - SUMMARY OF SERVICES

CHILD'S NAME _____

DATE	PROGRESS NOTE #	SERVICE
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CC 1. CHILD CARE SUBSIDIES ELIGIBILITY

_____ JOBS Child Care Subsidy (Co-pay \$0)
 _____ Employment Related Day Care (Co-Pay \$___)
 _____ Enhanced DHS Contract (Co-Pay \$0)
 _____ Checklist approved: yes no
 _____ Child Care Development Fund-CCDF (Co-Pay \$_____)
 _____ Migrant & Seasonal (Co-pay \$_____)
 _____ Other: _____
 _____ Ineligible for Subsidy programs
 _____ Reason: _____

CC 2. CHILD CARE CO-PAY PLAN & FOLLOW UP

- _____
1. _____
 2. _____
 3. _____
 4. _____

CC 3. CO-PAY (indicate yes,no or n/a each month) & FOLLOW UP

Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug

1. _____
2. _____
3. _____

CC 4. COORDINATED CASE MANAGEMENT MEETINGS WITH DHS

- _____
1. _____
 2. _____
 3. _____

CC 5. PARENT HANDBOOK REVIEWED WITH FAMILY

CC 6. FEEDING AND TOILETING CHARTS (Infants and Toddlers)

Infant Enrollment and Formula acceptance Form Accepted ___ Declined ___

CC 7. SPECIAL CONCERNS (indicate date and context of concern)

- _____ 1. _____
- _____ 2. _____
- _____ 3. _____

