Children’s Integrated Services:
Child Care Family Support Financial Assistance Supplemental Information

**Information for parent(s)/guardian(s) seeking a Child Care Family Support Financial Assistance Program Benefit**

**Information about the Child Care Family Support Financial Assistance Program – What you can expect:**

Child Care Family Support Financial Assistance may be an important resource to you at this time. Child Care Family Support Financial Assistance is designed to assist with child care expenses. It is a time-limited financial assistance benefit for families experiencing serious stress.

In addition to a completed Child Development Division Application for Child Care Financial Assistance, you will be asked about your family, your basic needs, your health and wellness, and any serious stress you may be experiencing. Your answers will be used to help:

- find out about your needs or those of your child and family
- help determine your eligibility for the Family Support Financial Assistance Program
- help plan goals and outcomes for you or your child and family
- help identify community resources and other supports that may be helpful to you or your child and family

Your local Children’s Integrated Services (CIS) Team will review, in confidence, the information you provide and determine eligibility for Family Support Financial Assistance. Once the team determines eligibility, you will receive a letter notifying you as to whether you are eligible for Child Care Family Support Financial Assistance. If you are determined eligible a CIS service provider will work with you to develop a plan of action to enable you to move off this financial assistance program.

**If You are Determined Eligible for the Child Care Family Support Financial Assistance Program:**

- Child Care Family Support Financial Assistance is time-limited, usually no more than one year.
- You must work with your CIS service provider to develop a plan of action to enable you to move off this child care financial assistance program.
- Child care financial assistance is paid directly to your child care provider and may not cover the entire cost of child care. You are responsible for any additional child care costs.
- Child Care Family Support Financial Assistance is usually authorized for part-time child care only.
- In order to receive Child Care Family Support Financial Assistance you must use a Registered or Licensed child care provider. Your CIS service provider can assist you in your search for an appropriate child care provider.
- You must report any changes in your situation (such as a change in your address or phone number, change in child care provider, or family circumstance used to determine your eligibility for Child Care Family Support Financial Assistance) immediately to your local CIS Child Care Coordinator.

**In order for the CIS Team to review your information and make a determination of eligibility for Child Care Family Support Financial Assistance or provide information to you about other possible referrals for services you must give your consent by signing a CIS Authorization Form (CIS-03).**
Children’s Integrated Services:
Child Care Family Support Financial Assistance Supplemental Information

Note: this CCFSFAP supplemental form must be accompanied by:
- a completed Child Development Division Application for Child Care Financial Assistance,
- CIS-01 – Referral Form¹,
- CIS-02 – Initial Intake¹,
- CIS-03 – Authorization Form, and
- Any documentation gathered to support claims of need or significant stress indicated by the parent/guardian seeking Family Support Financial Assistance benefits.

<table>
<thead>
<tr>
<th>Contacts</th>
<th>Who is assisting the family in gathering this information for Family Support Financial Assistance? _____</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Contact Information for the interviewer: _____</td>
</tr>
<tr>
<td>Transportation</td>
<td>Do you have a vehicle? □ Yes □ No</td>
</tr>
<tr>
<td></td>
<td>Do you have a driver’s license? □ Yes □ No</td>
</tr>
<tr>
<td></td>
<td>If you do not have a vehicle or license, how do you get where you need to go? _____</td>
</tr>
<tr>
<td>Housing</td>
<td>Where are you living (please describe)? _____</td>
</tr>
<tr>
<td></td>
<td>Who is living with you right now? _____</td>
</tr>
<tr>
<td></td>
<td>How many times have you moved in the past two years? _____</td>
</tr>
<tr>
<td>Money</td>
<td>Is money a problem? □ Yes □ No If so, how? _____</td>
</tr>
<tr>
<td>Employment</td>
<td>Do you work? Please explain: _____</td>
</tr>
<tr>
<td>Education</td>
<td>What is the last grade/educational program you completed? _____</td>
</tr>
<tr>
<td></td>
<td>Do you feel like you would benefit from more education? □ No □ Yes If so, how? _____</td>
</tr>
<tr>
<td>Safety</td>
<td>Do you and your family feel safe? □ Yes □ No (please explain) _____</td>
</tr>
<tr>
<td></td>
<td>Have you or anyone in your family been affected by drugs or alcohol? □ No □ Yes If so, how? _____</td>
</tr>
</tbody>
</table>

¹ This form may have preceded this CCFSFAP as the family sought other CIS services.
# Children’s Integrated Services:

## Child Care Family Support Financial Assistance Supplemental Information

<table>
<thead>
<tr>
<th>Section</th>
<th>Question</th>
</tr>
</thead>
</table>
| **Family/Parenting**  | Please share relevant information about your family: ____  
                        | Please share relevant information about your child(ren): ____  
                        | What kinds of challenges do you face daily? ____  |
| **Nutrition**         | Do you have enough food for your family? [ ] Yes  [ ] No (please explain) ____  |
| **Wellness/Health**   | Who do you talk to when you need support or help? ____  
                        | How do you handle stress? ____  
                        | Are there any experiences in your past that make it difficult for you to address your own or your family’s needs? [ ] No  [ ] Yes (please explain) ____  
                        | Do you or any member(s) of your family have any health or medical concerns? [ ] No  [ ] Yes (If so, please complete the adult and/or child health information form(s))  
                        | Do you or any member of your family have a problem getting medical care or counseling when needed? [ ] No  [ ] Yes (please explain) ____  |
| **Looking forward**   | What are your hopes and plans while your child is attending child care? ____  |

Client Name:  
Date of Referral:  
Date of Signed Consent:  

---

Please share your experience, if any, with jail or probation. ____  

Family/Parenting  
Please share relevant information about your family: ____  
Please share relevant information about your child(ren): ____  
What kinds of challenges do you face daily? ____  

Nutrition  
Do you have enough food for your family? [ ] Yes  [ ] No (please explain) ____  

Wellness/Health  
Who do you talk to when you need support or help? ____  
How do you handle stress? ____  
Are there any experiences in your past that make it difficult for you to address your own or your family’s needs? [ ] No  [ ] Yes (please explain) ____  
Do you or any member(s) of your family have any health or medical concerns? [ ] No  [ ] Yes (If so, please complete the adult and/or child health information form(s))  
Do you or any member of your family have a problem getting medical care or counseling when needed? [ ] No  [ ] Yes (please explain) ____  

Looking forward  
What are your hopes and plans while your child is attending child care? ____  

---