Tennessee Department of Children's Services Custodial Childcare Assistance Referral and Authorization

Foster Care Referrals (DCS-SSC-State Custody): Referrals for children in foster care are approved for 12 (twelve) months from the date of enrollment. A new referral must be completed annually to continue childcare assistance.

Termination

Continuation of Services

Provider Transfer

Initial Referral

Child's Name	SSN	Date of Birth	Over 12 Years Old (Yes/No)	Race	Gender	Disability (Yes/No)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

** For children over the age 12, attach a court order, IEP, or other supporting documents justifying the need for childcare to this referral.

Assigned FS	SW's Name					
Assigned FS	SW Email					
Assigned Su	upervisor's Name					
Assigned Supervisor's Email						
Child's Cour	nty of Residence					
Timeframes Childcare is Needed		Traditional Hours (6am-6pm)	Non- Traditional Hou	Non- Traditional Hours (6pm- 6am)		
Amount of Childcare Hours Needed		Part Time (1-19 hours)	Full Time (20-40 hours)			
Preferred D	ay Care Provider					
Address				Telephone		
City, State				Zip Code		
Enrollment Date *If left blank, enrollment will begin the date the referral is processed by DHS.						
Additional Details *Use this section to provide details if there are multiple children or multiple providers.						

Service terminations are only required if the child will no longer need childcare services. Otherwise, childcare assistance will terminate at the end of the approval period unless a new referral to continue services is submitted.

If the termination date is known at the time of the application, it can be included in lieu of completing this form a second time to terminate.

Date of Service Termination	
Termination Reason	

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval. Distribution: Regional Designee, Child Youth Case File CS-0556-1, Rev: 4-25

