Family Support Child Care Financial Assistance may be an important resource to you at this time. Family Support Child Care Financial Assistance is a service designed to assist with child care expenses. It is for families experiencing serious stress which may create a potentially difficult situation for your family.

Your local Children’s Integrated Services (CIS) Team will review, in confidence, the information you have provided and determine eligibility for Family Support Financial Assistance. Once the team determines eligibility, you will be notified promptly as to whether you are eligible for Family Support Child Care 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 program.

**About Family support Child Care Financial Assistance:**

* You must complete a Child Development Division Application for Child Care Financial Assistance along with the additional information you provide for consideration for Family Support Child Care Financial Assistance.
* Information you provide will be used to determine eligibility for the Family Support Child Care Financial Assistance, and to determine appropriate referrals from the CIS team. Additionally, this information will help you and your CIS provider as you develop an action plan.
* Family Support Child Care Financial Assistance is time-limited, usually no more than one year. It is important for you to work with your CIS service provider to develop a plan of action to enable you to move off this program.
* Child care financial assistance is paid directly to your child care provider and may not cover the entire cost of child care.
* Family Support Child Care Financial Assistance is usually authorized for part-time child care only.
* In order to receive Family Support Child Care Financial Assistance, you must use a Registered or Licensed child care provider. Your CIS service provider can assist you in your search for a child care provider.
* You must report any changes in your situation (ex. address, change in child care provider, or family circumstance used to determine your eligibility for Family Support Child Care Financial Assistance.

**In order for the CIS Team to review your information and make a determination of eligibility for Family Support Child Care 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).**

What is the best time and method to contact you?

Who is helping you complete this information?

|  |  |
| --- | --- |
| **Transportation** | Do you have a vehicle? [ ]  Yes [ ]  NoIs your vehicle safe and legal to drive? [ ]  Yes [ ]  No (please explain)      Do you have a driver’s license? [ ]  Yes [ ]  NoIf you do not have a vehicle or license, how do you get where you need to go?  |
| **Housing** | Where are you living (please describe)? Who is living with you right now? How many times have you moved in the past two years?  |
| **Money** | Is money a problem? [ ]  Yes [ ]  NoIf so, how?  |
| **Employment** | Do you work? Please explain:  |
| **Education** | What is the last grade/educational program you completed?      Do you feel like you would benefit from more education? [ ]  Yes [ ]  No If so, how?       |
| **Safety** | Do you and your family feel safe? [ ]  Yes [ ]  No (please explain)       Is anyone in your house affected by drugs or alcohol? [ ]  Yes x [ ]  No If so, how?      Please share your experience, if any, with jail or probation.       |

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| --- | --- |
| **Family/Parenting** | Please share information about your family: Please share 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?      What experiences in your past make it difficult to address your own or your family’s needs?      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)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 dreams in the next six months?  |