

CHILDCARE SEARCH LOG

Participant: _____ Last four digits SSN: _____ Return to Case Manager On: _____

Date (mm/dd/yyyy)	Name of childcare/daycare center and town it is located in	Who I talked to and the phone number	Openings? If yes, when available and full time or part time?	Co-pay amount	Comments	Time spent researching this option
<input type="checkbox"/> Verified by Case Manager						Total Hours:

Copy distribution: White – Case Manager; Yellow – Participant

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<input type="checkbox"/> Verified by Case Manager	Total Hours <i>(combined with Total Hours from Page1)</i>
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