

Initial Referral                       Extension

Current Caregiver/Guardian		
First Name:	M.I.	Last Name:
Phone Number:	Email:	
Street Address:	City:	Zip Code:
Other Caregiver/Guardian in the household		
First Name:	Last Name:	Relationship to Child(ren):

Placement Type:	Date of Placement:
-----------------	--------------------

Child(ren) Information – Child(ren) being referred for Emergency Childcare					
First Name	Last Name	Date of Birth	Gender	Days of the Week Child Care Needed	* Hours Child Care Needed
<i>Sample: John</i>	<i>Smith</i>	<i>01/01/2017</i>	<i>Male/Female</i>	<i>M-F</i>	<i>2:30pm- 4:00pm</i>

\*include travel time

**Please answer the following questions:**

- The child(ren) listed above is/are in Foster Care:       Yes                       No
- Is the child(ren) a Placer County dependent?               Yes                       No
- Childcare is needed for:       School       Work       Seeking Employment       None

REFERRING SOCIAL WORKER		
Name (please print first and last name):	Title/License Number (if applicable):	
Phone Number:	Email:	County:
Signature:		Date:

SOCIAL WORKER (If different from Referring Social Worker)		
Name (please print first and last name):	Title/License Number (if applicable):	
Phone Number:	Email:	County:
Signature:		Date:

Comments:
-----------

# Emergency Childcare Bridge Program Referral Form Instructions

## BACKGROUND

CPS partnered with PCOE Early Childhood Education to implement the Emergency Childcare Bridge Program for Foster Children. The Bridge Program provides vouchers to pay for childcare and other emergency childcare services for up to six (6) months, and in some cases up to 12 months, for eligible foster families.

## WHEN TO USE THIS FORM

Complete this form when you have identified a placement for a child(ren), aged 0-12, and:

1. The placement success is contingent upon the family identifying and/or being able to pay for childcare, or
2. The success of the placement will be enhanced if the family has access to and/or the ability to pay for childcare, or
3. The parent is a youth or non-minor dependent and could benefit from access to childcare in order to attend school or work.

## Current Caregiver/Parent Information and Child(ren) Information

Include contact information for the caregiver(s), parenting youth or non-minor dependent(s). Please be as specific as possible. PCOE Early Childhood Education will use this information to contact the family directly. Please include language for translation if needed. Include the child(ren)'s full name(s) and date(s) of birth.

## Placement Type

1. **Resource Family** – Select this option if the child is placed with a resource family that has completed the RFA process.
2. **Certified Family Home or Licensed Foster Family Home** – Select this option if the child is placed with an FFA home or County approved home that has not yet gone through the RFA process.
3. **Emergency Placement** – Select this option if the child is placed with a relative/NREFM via the 309ER process.
4. **Approved Relative or Non-Related Extended Family Member** – Select this option if the child is placed with a relative or NREFM.
5. **Parenting Youth Under Jurisdiction of Juvenile Court** – Select this option if the child is placed with a parent who is under 18 and is who within the jurisdiction of the juvenile court per WIC Sections 300 or 600, or who is a non-minor dependent.
6. **Compelling Reason** – Select this option if the child is placed in a home with an applicant who is pending resource family approval.

**Please also input the date the child was/children were placed with this caregiver (placement date is not required for parenting youth or non-minor dependents).**

## Social Worker Contact Information

Complete social worker name, worker code, agency name, email, and phone number for the referring and case carrying social worker. Contact information will be used if PCOE Early Childhood Education staff needs to contact the social worker directly.

## Agency Questions and Comments

- Referrals are evaluated on a case by case basis. Select all that may apply.
- Provide any additional information in the comments box.

## SEND THE FORM

Return the completed form as a PDF document to the Bridge Program Navigator, Vanessa Sepulveda, by email to [vsepulveda@placercoe.org](mailto:vsepulveda@placercoe.org) or by fax to (888) 293-1613. PCOE Early Childhood Education will contact the family directly and work with the family to secure childcare. Families can expect to hear from PCOE Early Childhood Education within 1-3 business days from the day the referral is sent to the Bridge Program Navigator.