



DEPARTMENT OF HUMAN SERVICES

DIVISION OF SOCIAL SERVICES
Working for the Welfare of ALL Nevadans



FOSTER CARE/CPS REFERRAL APPLICATION/STATUS UPDATE

This application is only for children who have been placed in the custody of a child welfare agency and must be completed and submitted solely by a child welfare agency.

Issuance Date: _____

To: The Children's Cabinet DSS Child Care Development Program NEON (NEON@dss.nv.gov)

From: _____

Child Welfare Agency Case Manager

Phone

Email

Child Welfare Agency

Referral Application for: CPS Foster KinCare

Status Update (Complete identifying case info below)

Discontinue Foster/CPS/KinCare Child Care for the following participant effective _____ Reason: _____

Placement Change: _____

Other: _____

Placement Start Date: _____

Child Care Start Date: _____ If start date is different than Issuance Date, Reason: _____

Household details:

Ethnicity – H- Hispanic/Latino, N-Non-Hispanic/Latino, or X-Prefer not to disclose.

Race – A-Asian, B-Black or African American; G-North African; H-Middle Eastern; I-American Indian or Alaska Native; J-American Indian or Alaska Native and White; L-Asian and White; M-Black or African American and White; N-American Indian or Alaska Native and Black or African American; U-Native Hawaiian or Other Pacific Islander; W- White; Z-2 or more combinations not listed above or X-Prefer not to disclose.

What sex were you assigned at birth, such as on your original birth certificate? – M-Male, F-Female.

How do you describe yourself? – M-Male, F-Female, TM-Transgender Man/Trans Male, TW-Transgender Woman/Trans Female, G-Genderqueer/gender non-conforming, D-Different Identity (Please specify), X- Prefer not to disclose.

Which of the following best represents your sexual orientation identity? – S-Straight or Heterosexual, G-Gay, L-Lesbian, B-Bisexual, N-Not listed (Please specify), X-Prefer not to disclose.

Adult Caregiver(s):

Name (Last, First, Middle) (Jr., Sr., III)	Relationship to you	Relationship to child(ren)	Ethnicity	Race	Sex Assigned at Birth	How do you describe yourself?	Sexual Orientation Identity	Date of Birth	SSN	Marital Status	Active/Reserve Military	
											Yes	No
	Self											

Address:

Residential Address	City	State	Zip
Mailing Address (if different from your residential address)	City	State	Zip
Home Phone	Day/Message/Cell Phone	E-mail Address	

List Foster/CPS/KinCare Children:

Name (Last, First, Middle) (Jr., Sr., III)	Relationship	Ethnicity	Race	Sex Assigned at Birth	How do you describe yourself?	Sexual Orientation Identity	Date of Birth	US Citizen		SSN	Need Child Care?	
								Yes	No		Yes	No

First Adult Caregiver Purpose of Care for Child Care Services:Select All that apply: Employment Job Search Training/School Other: _____**Second Adult Caregiver Purpose of Care for Child Care Services:**Select All that apply: Employment Job Search Training/School Other: _____If one caregiver in a two-caregiver household does not have a purpose of care, enter the reason they cannot care for the child(ren):
_____**Schedule request based on the Purpose of Care:**

Note: Select only one schedule type. Full-time (FT) is 4 ½ hrs +. Part-time (PT) is less than 4 ½ hrs with travel time. FT is 3 hrs for 6 or older.

 Set Schedule:

Time (FT/PT): _____

Normal Shift Hours: _____

 Varied Schedule:

SUN	MON	TUES	WED	THURS	FRI	SAT

Maximum number of days per week: _____

Time (FT/PT): _____

Selected Child Care Provider:**Provider:** _____

Name

Address

Child(ren) attending: _____**Provider:** _____

Name

Address

Child(ren) attending: _____**Do any of the children in the household requesting childcare have special needs?** Yes No

If yes, Name: _____ Reason: _____

Name: _____ Reason: _____

Name: _____ Reason: _____

Child's School Information:

Name of School: _____ School Schedule/Track: _____

Child(ren) attending and Grade: _____

Name of School: _____ School Schedule/Track: _____

Child(ren) attending and Grade: _____

Name of School: _____ School Schedule/Track: _____

Child(ren) attending and Grade: _____

Child Income: SSI \$ _____ RSDI \$ _____ Other: _____ \$ _____**Check List**

The submitting child welfare agency is required to complete the appropriate check list below and provide the required documents with the Foster Care/CPS Referral Application/Status Update form.

Foster Care

- Valid Foster Care License
- Placement Letter/ Referral
- Verified Purpose of Care (adult caregivers)
- Verified Schedule for all Adult Caregivers
- Child income (If applicable)
- If child has special needs and is 13 or older, note signed by a physician or other licensed professional

CPS

- Placement Letter/Referral
- Verified Purpose of Care (adult caregivers)
- Verified Schedule for all Adult Caregivers
- Child income (If applicable)
- If child has special needs and is 13 or older, note signed by a physician or other licensed professional

KinCare

- Household Composition
- Placement Letter/ Referral
- Verified Purpose of Care (adult caregivers)
- Verified Schedule for all Adult Caregivers
- Child income (If applicable)
- If child has special needs and is 13 or older, note signed by a physician or other licensed professional

Rights:

As the party responsible for the child(ren) in custody, the child welfare agency and/or adult caregiver have the right to:

- Enroll the child(ren) with a provider of their choice (within legal and licensing requirements as well as Nevada Division of Social Services and CCDP guidelines).
- Have unlimited access to the children and to the provider during operating hours and while the children are in the provider’s care.
- Receive information on all child care options, policies, licensing requirements and complaint procedures. Review the child care provider’s inspection reports completed by Child Care Licensing (for licensed homes, centers and Out of School Recreational programs (OSR)) and/or the Child Care Sub-Recipient (for FFNs and Out of School Time (OST) providers) at www.nevadachildcare.org.
- The child welfare agency and/or adult caregiver can file a complaint using various means of communication such as, in person, by telephone, fax, email, mail or by completing an online form at dss.nv.gov.
- Require that the child care provider pass a comprehensive background check to provide child care.

If benefits are denied, reduced, or terminated, you will receive a notice with instructions to request a hearing. You can request a hearing by writing to your local child care office, Division of Social Services (DSS) district office or administration office, or by signing and returning the Notice of Appeal. Requests must be made within 90 days of the notice date, or within 14 days if you want continued benefits while your hearing is pending a decision. If you request a hearing, you will be notified of the hearing date, time and location in writing ten (10) days prior to the scheduled hearing. You may be represented at a conference/hearing by anyone whom you have given written authorization. This written authorization must be given to the DSS office before the conference/hearing. Please contact us if you need information on legal services that may be available to you at no cost. If you disagree with the hearing decision, you may appeal to your local Nevada District Court.

Obligations:

The child welfare agency and/or adult caregiver must report the following changes to CCDP **within 10 calendar days of occurrence**, failure to report these changes timely may result in an overpayment of benefits that will have to be paid back to CCDP.

- Household Composition
- A new or increased source of income for the household
- Child care provider
- Schedule changes
- Loss of employment / approved activity
- Residence and/or mailing address

Respond to any requests for additional information needed to process the application **within 10 calendar days**. It is your responsibility to ensure requested materials are mailed or faxed early enough to meet the deadline provided to you. CCDP is not responsible for lost or misdirected mail or faxes.

Important Information:

CCDP covers up to the state’s maximum rate, based on the child’s age, provider type, rate, and location. Approved rates and coverage dates are listed on the Certificate or Notice of Decision.

- Child care payments are based on actual attendance/ or allowed discretionary days, not the approved schedule.
- Participants are allowed up to **21 discretionary days** per child, per calendar year, to be used for absences from child care (sick days, holidays or vacation).
- Participants are allowed a maximum of **3 unexcused absences** per certification period. You are financially responsible for these days and must pay the provider directly.
- CCDP will pay for provider registration fees not to exceed the State maximum.
- Adult caregiver will pay any fees not covered by CCDP directly to their child care provider within the timeframe required by the provider (e.g. overages, late charges, school tuition, meals, transportation, clothing items/uniforms).
- Adult caregiver must pay co-pays directly to their child care provider according to the providers’ policies. A zero co-pay balance or repayment agreement is required before switching to a new provider.
- Adult caregiver will pay for all days of child care not authorized on the certificate.

Authorization:

The Child Care and Development Program is funded by state and federal grants. All information provided is confidential and used solely to determine eligibility. False or misleading statements may result in reduced, denied, or terminated benefits, disqualification from future assistance, repayment of funds, and possible criminal penalties.

By signing, you authorize the program and the Division of Social Services to investigate the child welfare agency, adult caregiver household, and child(ren)’s legal or putative parent(s), and to access necessary information; including wage details, confidential data protected by law, and patient information privileged under NRS 49.225 or any other applicable law. You release the holders of such information from liability for its disclosure. A reproduced copy of this authorization is legally equivalent to the original.

You also acknowledge understanding the application and the penalties for providing false information. You confirm your chosen provider(s) and agree to hold harmless the State of Nevada, the Child Care and Development Program, and their representatives from any claims, costs, or liabilities related to your provider selection.

You agree that if child care services are used when not participating in the purpose of care, you may be responsible for any charges incurred. If an Intentional Program Violation (IPV) occurs the adult caregiver may be ineligible and child care benefits may stop. In addition, you understand you must report any changes to CCDP immediately.

Child Welfare Agency Staff Signature

Date

Adult Caregiver Signature

Date