

Choices for Children



Child Development Incorporated

Eligibility and Need: Experiencing Homelessness

Parent Name: _____ Counselor Initials: _____

Initials

Basis of eligibility was established by a written referral, completed by a legal, medical, or social services agency; local educational agency liaison for children and youth experiencing homelessness; Head Start program; or an emergency or transitional shelter (*Referral or letter attached*).

Initials

Basis of need for early learning and care services is family experiencing homelessness.

Childcare services are necessary on the following days and times:

(Services are **NOT** to exceed **5 days and less than 30 hours per week**, set schedule)

	SUN	MON	TUES	WED	THURS	FRI	SAT
From	Start:	Start:	Start:	Start:	Start:	Start:	Start:
To	End:	End:	End:	End:	End:	End:	End:

Parent Signature: _____ Date: _____