Department of Health & Human Services
DHHS
NEBRASKA

Nebraska Department of Health and Human Services
Child Care Authorization Request Form
For Child Welfare Clients and for Subsidized Guardianships and Adoptions

Master Case #	Date of Request	Worker Name

Name of Foster/guardian/adoptive/biological parent(s)

Reason foster/guardian/adoptive parent(s) need child care

Name of Employer/School (Parent #1)	Street	City	State	Zip	Telephone
Name of Employer/School (Parent #2)	Street	City	State	Zip	Telephone

Work/school schedule/medical services (Parent #1)	Total Hrs/Week
Work/school schedule/medical services (Parent #2)	Total Hrs/Week

Name of Child #1	Date of Birth

☐ Infant (Age 6 weeks to 18 months)
☐ Toddler (Age 18 months to 3 years)
☐ Preschooler (Age 36 months to school age)
☐ School Age Child (Kindergarten or above)
☐ Special Needs (Not related to chronological age)

Days child will attend child care:	Total Hrs/Week
Effective Date	End Date

Name of Child #2	Date of Birth

☐ Infant (Age 6 weeks to 18 months)
☐ Toddler (Age 18 months to 3 years)
☐ Preschooler (Age 36 months to school age)
☐ School Age Child (Kindergarten or above)
☐ Special Needs (Not related to chronological age)

Days child will attend child care:	Total Hrs/Week
Effective Date	End Date

Name of Child #3	Date of Birth

☐ Infant (Age 6 weeks to 18 months)
☐ Toddler (Age 18 months to 3 years)
☐ Preschooler (Age 36 months to school age)
☐ School Age Child (Kindergarten or above)
☐ Special Needs (Not related to chronological age)

Days child will attend child care:	Total Hrs/Week
Effective Date	End Date

If the child(ren) has a special need what is the condition(s)?

If an in-home provider is requested, how does the family qualify?

Provider Information

Name of Provider:_____ Provider ID#_____Phone#_____
Street_____ City_____ State_____ Zip_____

☐ In-Home Child Care Provider ☐ License-Exempt (Approved Family) Child Care Home ☐ Licensed Family Child Care Home I
☐ Licensed Family Child Care Home II ☐ Child Care Center ☐ Accredited Child Care Provider Home I ☐ Home II ☐ Center

Is the provider a relative?	Is the provider approved as a Child Care Subsidy Provider?
☐ Yes ☐ No	☐ Yes ☐ No

Additional page for names of additional children if needed:

Name of Child #4	Date of Birth
☐ Infant (Age 6 weeks to 18 months) ☐ Preschooler (Age 36 months to school age) ☐ Special Needs (Not related to chronological age)	☐ Toddler (Age 18 months to 3 years) ☐ School Age Child (Kindergarten or above)
Days child will attend child care:	Total Hrs/Week
Effective Date	End Date

Name of Child #5	Date of Birth
☐ Infant (Age 6 weeks to 18 months) ☐ Preschooler (Age 36 months to school age) ☐ Special Needs (Not related to chronological age)	☐ Toddler (Age 18 months to 3 years) ☐ School Age Child (Kindergarten or above)
Days child will attend child care:	Total Hrs/Week
Effective Date	End Date

Name of Child #6	Date of Birth
☐ Infant (Age 6 weeks to 18 months) ☐ Preschooler (Age 36 months to school age) ☐ Special Needs (Not related to chronological age)	☐ Toddler (Age 18 months to 3 years) ☐ School Age Child (Kindergarten or above)
Days child will attend child care:	Total Hrs/Week
Effective Date	End Date

Comments: