VERIFICATION OF CHILD CARE AVAILABILITY

CAO INFORMATION:

RECIPIENT NAME:
RECIPIENT ADDRESS:
RECIPIENT TELEPHONE NUMBER:

CAO CASE INFORMATION:	COUNTY#	DISTRICT#	CASE NUMBER	CATEGORY	WORKER ID#

I receive Temporary Assistance for Needy Families (TANF). I am unable to locate child-care services for the children listed below. I am requesting help from the Child Care Information Services (CCIS) in locating available child-care services. By my signature below, I give permission for the _____ CAO to release to the CCIS of _____ County the TANF case information on this form and also for the CCIS to release its findings to the CAO.

FULL NAME OF CHILD	SPECIAL NEEDS, YES (✓) (IF YES, GIVE BRIEF EXPLANATION)	SPECIAL NEEDS NO (✓)	AGE

*ATTACH ADDITIONAL FORMS IF NEEDED FOR MORE THAN FIVE CHILDREN.

RECIPIENT SIGNATURE _____ DATE _____ CAO SIGNATURE _____ DATE _____

CCIS FINDINGS:

NAME OF CHILD	CHILD-CARE AVAILABILITY?		IF YES, PROVIDE THE NAME, LOCATION, AND TELEPHONE NUMBER OF THE LICENSED OR REGISTERED CHILD-CARE FACILITY IN WHICH CHILD-CARE IS AVAILABLE. IF MORE THAN ONE FACILITY HAS OPENINGS ATTACH ADDITIONAL INFORMATION.
	YES (✓)	NO (✓)	

*COMPLETE ADDITIONAL FORMS NEEDED FOR MORE THAN FIVE CHILDREN.

CCIS NOTES (WHEN CHILD CARE IS EXPECTED TO BECOME AVAILABLE FOR EACH CHILD, IF KNOWN)

PA 1697 - 12/98

CCIS SIGNATURE _____ DATE _____