

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Child Care

TRIBAL CPS CHILD CARE REFERRAL

A Tribal CPS Child Care Referral (CCA-0224A) indicates that this child's income eligibility and DES required co-payment will be waived. However, all families will be responsible for charges if a provider's rate exceeds allowable state reimbursement maximums and/or the provider has other additional charges.

ONE FORM / EMAIL PER CHILD

Child care is not provided to (1) Children 13 years of age or older at the time of referral and (2) Children residing in group homes, DDD-licensed homes, or HCTC/Therapeutic foster placements.

CHILD'S INFORMATION

Child's Name (Last, First, M.I.): _____ Soc. Sec. No. (optional): _____

Birth Date: _____ Sex: Male Female Ethnicity: _____

Does this child have special needs? Yes No If yes, indicate the verification provided to you by checking one of the document types listed below.

IEP IFSP ISP 504 Plan Medical Diagnosis Other (explain) _____

Any unique needs or instructions for this child should be discussed with the child care provider.

CASE INFORMATION

Case Status: Open/On-going Closed at Investigation Stop/Closure - Reason: _____

Case Name: _____ Case ID: _____

Soc. Sec. No. (optional): _____ DOB: _____

CPS Specialist's Name (Last, First, M.I.): _____ Phone No. (Include ext.): _____

CPS Supervisor's Name (Last, First, M.I.): _____ Phone No. (Include ext.): _____

CHILD'S LIVING ARRANGEMENT

In Home Placement Out Home Placement

Placement Name (Last, First, M.I.): _____ Soc. Sec. No. (optional): _____

Birth Date: _____ Sex: Male Female Ethnicity: _____

Phone No.: _____ Message Phone No.: _____ Language Preference: _____

Address (No., Street, City, State, ZIP Code): _____ Apt #: _____

Mailing Address (No., Street, City, State, ZIP Code): _____ Apt #: _____

ACP - Address Confidentiality Program, ACP Start Date _____

Other Caregiver allowed to inquire and make changes for this child: _____

PRIMARY REASON FOR CHILD CARE SERVICES

Work CPS Training/Court/Staffing/FCRB School Socialization Caretaker Appointments

CHILD CARE PROVIDER INFORMATION (Child Care is authorized for 12 months.)

Please check www.azccrr.com to select a DES-contracted child care provider.

Child Care Provider's Name: _____ Phone No.: _____

Locational Address (No., Street, City, State, ZIP Code): _____

Start Date: _____

CHILD CARE IS AUTHORIZED FOR 23 DAYS A MONTH UNLESS MARKED TEMPORARY BELOW.

Temporary Provider (15 days or less) Start Date: _____ End Date: _____

(A second child care provider is optional. List only if needed.)

2nd Child Care Provider's Name: _____ Phone No.: _____

Locational Address (No., Street, City, State, ZIP Code): _____

Email the completed form to: CCA-DCS-Referrals@azdes.gov

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