

CHILD PROTECTIVE SERVICES/AT RISK REFERRAL FOR CHILDCARE SERVICES

To be completed by a CPS Worker, representative from a shelter or local social services agency, or a licensed mental health, medical, or legal professional. (*Title 5*, §18092)

Parent/Guardian's Name:			Phone#	£E	mail:		
Parent/Guardian's A	Address:						
Language: Spanish	□ English	Other _					
Child	's Name	Birth	Date	Child's Name		Birth Date	
						_	
		Please compl	ete <u>ONE</u> of the f	following two opt	tions		
I. CPS Referral	(Completed by C	Child Protective So	ervices Worker)				
I,	, certify	that the child(ren) named above h	as an open case w	rith Child Protec	etive Services, and	
the case plan doc					owing schedule: 1 hours per wee		
	☐ Variable schedule or ☐ Set schedule Maximum hours pe					·	
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
**Probable durat	ion of the child p	rotective service	l plan				
II. At-Risk Refe	rral (Completed	by representative		ocial services age	ency, or licensed	mental health,	
medical, or legal	professional)	41		:			
that the family ne	eds childcare ser	y that the child(re	n) named above : r eliminate that ri	is at risk of abuse isk according to t	, neglect, and/or he following sch	exploitation, and edule:	
			schedule		hours per week		
					1		
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
**Probable dura	tion of the at-risk	situation:					
			g the reason(s) th	at childcare need	ed to reduce or e	eliminate the risk of	
child abuse, negle							
Licensed Childcare	Required Y 🗆 🗈	N 🗆 Waives Inco	ome and Fee Y	□ N □ If recei	iving CalWORK	s Y□ N□	
Aganay Nama			A ddmagg.				
Agency Name:			Address			·····	
Referred by:		Phone	Number:	Email:			
Professional's Sign	ature		Date				
License/Credential	Number:						

(not required for CPS)