



***DELAWARE HEALTH
AND SOCIAL SERVICES***

**DIVISION OF
SOCIAL SERVICES**

Telephone: (302)

TO: _____

DATE: _____

RE: _____

Dear

The above named client has applied for child care services provided by this agency. As a condition of eligibility for service, each client must present written documentation of his/her need for the service. The form on the reverse side of this letter will be used to verify that child care is necessary due to the indicated special need. Please complete the required information and return it to me in the enclosed envelope.

Agency policy dictates that service may be authorized for periods less than, but never to exceed six (6) months; consequently you may be asked to complete another form verifying the client's need for continued service.

If during the course of your visits or appointments with the above client, you find that the special need that required child care service has changed or no longer exists, please notify me as soon as possible so that we can re-evaluate the client's need for service.

If you have any questions or concerns in this matter, please do not hesitate to contact me at _____.

Sincerely,

Social Service Worker

cc: Client
Case Record



DELAWARE HEALTH AND SOCIAL SERVICES
DIVISION OF SOCIAL SERVICES

CHILD CARE SPECIAL NEEDS FORM

Client Name: _____

Address: _____

Number of Children Needing Service: _____

Names of Children Needing Child Care:

Presenting Problem (Why child day care service is needed?):

Benefits of service (How service will benefit child. How service will help, eliminate, improve or reduce presenting problem?):

Consequences if day care is not provided:

Duration of need for service _____ (weeks) _____ (months)

Therapy: _____ hours per day _____ days per week

Signature: _____ Date: _____

Title: _____

Name of Agency or Practice: _____ Phone No.: (____) _____

Referring Agency: _____