



**REFERRAL FOR PREVENTIVE CHILD CARE SERVICES**

Date: \_\_\_\_\_

**CHILD/FAMILY INFORMATION**

Name of Child: \_\_\_\_\_  
 LAST FIRST MI

Date of Birth: \_\_\_\_\_ Gender: M  F  Social Security #: \_\_\_\_\_  
 (Last 4 digits)

**RACE AND ETHNICITY OF THE CHILD** (Check all that apply):

White/Caucasian  Asian  
 Black or African American  Native Hawaiian/ Other Pacific Islander  
 American Indian/Alaskan Native  Declined to answer

If American Indian, Tribe: \_\_\_\_\_

**HISPANIC ORIGIN:**  Yes  No

Name of Parent: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town or City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**CHILD CARE INFORMATION**

Name of Child Care Provider: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town or City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Resource Identification Number:** \_\_\_\_\_

**START DATE OF CHILD CARE SERVICES** \_\_\_\_\_

**PROJECTED END DATE OF CHILD CARE SERVICES** \_\_\_\_\_ (No longer that 12 weeks)

**NUMBER OF HOURS OF CHILD CARE APPROVED BY THE COMPREHENSIVE FAMILY SUPPORT AGENCY AS IDENTIFIED IN THE FAMILY SERVICE PLAN.**

**Full Time** (31 or more hrs)  **Half Time** (16-30 hrs/week)  **Part Time** (1-15 hrs/week)

**FAMILY RESOURCE AND SUPPORT AGENCY INFORMATION**

Name of Family Resource and Support Agency \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

FRS Worker \_\_\_\_\_ Telephone Number \_\_\_\_\_



Instructions to the “Referral for Preventive Child Care Services”

**PURPOSE:**

The “Referral for Preventive Child Care Services” is used to provide funds from DCYF for preventive child care services to support families who may be experiencing social, emotional, physical, and or mental health related problems that interfere with a parent’s ability to provide an acceptable standard of care for their child.

**INSTRUCTIONS:**

Form 1902 is a one-page form completed by staff at the Family Resource and Support contract agency when a child needs preventive child care. Completed forms are forwarded to the Fiscal Specialist. The Fiscal Specialist enters the information into the NH Bridges system, so payment to the provider occurs.

**FORM COMPLETION:**

Enter the current date.

Enter the child’s last name, first name and middle initial.

Enter the child’s date of birth and social security number.

Indicate the child’s race; you may check more than one if applicable, also check Hispanic if the child is considered to be of Hispanic origin.

Enter the parent’s name and address.

Enter the name, address, and resource identification number of the child care provider.

Enter the start date for services and a projected end date.

Indicate full time, half time or part time.

Enter identifying information about the family resource and support agency.

**RETENTION:**

Form 1902 is retained on file for one year.