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FLORIDA DEPARTMENT OF CHILDREN & FAMILIES

RELATIVE CAREGIVER COMMUNICATION

Please complete <u>one form for each child</u> for whom assistance is requested.

PART A: To:_____ Date:_____

☐ Economic Self-Sufficiency Services Program County:_____

☐ Family Safety Program/Contracted Provider District/Region:_____

Child's Name:_____ DOB:_____

SSN:_____ Race:_____ Sex:_____

Relative Caregiver's Name:_____ Phone Number:_(____)_____

Address: _____

_____

PART B: Child Being Referred to ESS (To be completed by Family Safety/Contracted Provider staff)

Date Child Adjudicated Dependent:_____ Date Home Study Completed:_____

Date Court Approved Placement:_____

PART C: Completed <u>only</u> when the child in Part "B" above is a half-sibling who <u>is</u> <u>not</u> related to the caregiver.

Name of a **<u>child</u>** in the placement who **<u>is</u>** related to Caregiver:_____ Race:___ Sex:___

DOB:_____ SSN:_____ Date Child Adjudicated Dependent:_____

Date Home Study Completed:_____ Date Court Approved Placement:_____

☐ Check if this child who is related to the caregiver has a Relative Caregiver Program payment or application.

PART D: Family Safety/Contracted Provider Counselor to be notified: <u>Completed for all referrals</u>.

Name (Print):_____ Date:_____

Phone:_(____)_____ Office Location/Unit:_____

Signature:_____

PART E: To be completed by the Economic Self-Sufficiency Specialist when eligibility status is determined.

Relative Caregiver Payment Approved? ☐ Yes ☐ No FLORIDA Case #:_____

Payment Begin Date:_____ Payment End Date:_____

Amount of Relative Caregiver Payment: $_____

Economic Self-Sufficiency Specialist *(Print)*:_____ Date:_____

Phone:_(____)_____ Office Location/Unit:_____

Signature:_____

PART F: Additional comments by ESS or Family Safety. <u>If Relative Caregiver payment denied, include reason</u>.

Part F Completed by:_____ Date:_____

Distribution of Copies: Original – Family Safety Case Record after Part E completed
Copy – ESS Case Record after Part E completed
Copy – Suspense Copy for Initiating Program/Provider