

### CHILDCARE SEARCH LOG

Participant: \_\_\_\_\_ SSN last four digits: \_\_\_\_\_ Return to Case Manager On: \_\_\_\_\_

Date (mo, day, yr)	Name of childcare/ daycare center and town it is located in	Who I talked to and the phone number	Openings? If yes, when available and full time or part time?	Co-pay amount	Comments	Time spent researching this option
Participant's signature _____ Signature of Case Manager _____						<b>Total Hours:</b>

**Copy distribution:** White – Case Worker; Yellow – Participant

