

Child Care Financial Assistance Program Case Assessment Form - Part I

Agency: _____ Case Manager: _____ Date: _____

Eligibility Determined By: _____ Grant Monitor: _____

Client Name: _____ Case ID#: _____ Status: Active Inactive

Family Information:

Family Size Correct: Yes No SSN's Correct: Yes No Number of SSN's Incorrect: _____

Physical Address Entered: Yes No Dates of Birth Correct: Yes No

Application Information:

Online Paper Documentation Date Stamped: Yes No

Processed Within 7 Business Days: Yes No Unable to Determine Case Notes in BFIS: Yes No

Verification:

1st Parent	2nd Parent	Service Need	Documentation Correct	N/A
		Employment	Yes No	
		Self-Employment	Yes No	
		Training/Education	Yes No	
		Seeking Employment	Yes No	
		Special Health Need Adult	Yes No	
		Reach Up	Yes No	
		FS/PS/Spec Health Need Child	Yes No	
Adoption	Child Support	Special Needs	SS Benefits	SSI
Child Only (Reach Up Grant)		Other: _____		

Determination:

Income Calculated Correctly: Yes No Authorization Correct: Yes No No Errors

Certificate Correct: Yes No Improper Payment: Yes No Missing Documentation: Yes No

Follow Up Case Assessment Form Part I:

Follow Up: _____

Follow Up Due Date: _____ Sent to Program Integrity Investigator: Yes No

I certify that I have spoken with and emailed an electronic copy of this document to: _____

Grant Monitor Email: _____

