CHILD CARE SERVICES
AUTHORIZATION FORMS

Name of CCS Specialist		Date Notice of Action Received	
DATE OF CALL		AUTHORIZATION CODE	
PROVIDE ☐ DISCONTINUE ☐ UPDATE ☐		START TIME	
PARENT'S NAME:			
CHILD(REN) NAMES / AGES:			
AUTHORIZATION INFORMATION			
TYPE OF CARE		NUMBER OF DAYS	
DAYS OF WEEK	SCHOOL CALENDAR CHILDREN		
START DATE		END DATE	
Family Fee YES NO	Weekly Payment $		

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START DATE		END DATE	
Family Fee YES NO	Weekly Payment $		

Please document the information received from the CCS Specialist during the authorization phone call. Keep these authorization forms for your records.

Revised February 24, 2026