CHILD CARE SERVICES
AUTHORIZATION FORMS

NAME OF CCS WORKER	DATE 2450 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

CO-PAY *YES* *NO*	4 WEEKLY PAYMENTS $	MONTHLY PAYMENT $

NAME OF CCS WORKER	DATE 2450 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

CO-PAY *YES* *NO*	4 WEEKLY PAYMENTS $	MONTHLY PAYMENT $

NAME OF CCS WORKER	DATE 2450 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

CO-PAY *YES* *NO*	4 WEEKLY PAYMENTS $	MONTHLY PAYMENT $

Please document the information received from the CCS Worker during the authorization phone call.
Keep these authorization forms for your records.   June 2013