

## PARENT SCHEDULE REVIEW

<input type="checkbox"/> Application	<input type="checkbox"/> Re-determination	<input type="checkbox"/> Collateral Contact with: _____
<input type="checkbox"/> F2F	<input type="checkbox"/> New Work/Training Schedule	Date: _____

**THIS SECTION TO BE COMPLETED BY PARENT**  
Please complete numbers 1- 5 and return the form to the CCIS office

1. Parent Name: \_\_\_\_\_

2. List your children who need child care \_\_\_\_\_  
\_\_\_\_\_

3. Based on your work/training schedule, what type of care does your child need?

Full Time       Part Time       Weekend Care       Evening Care

4. Do all of your children have the same child care need?  Yes  No. If no, please complete information for additional children on page 2.

5. What time will you drop your child off at the Child Care program and what time will you pick your child up each day?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Drop Off	Drop Off	Drop Off	Drop Off	Drop Off	Drop Off	Drop Off
Pick Up	Pick Up	Pick Up	Pick Up	Pick Up	Pick Up	Pick Up

Parent Signature: X \_\_\_\_\_ Date: X \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY THE CCIS**

This is an:     Application     Redetermination     Parent Initiated Schedule Change

The hours of care requested correlates with the hours of employment, training and (travel time)

The hours of care requested does not correlate with the hours of employment and training - *The parent shall be advised by the CCIS – the schedule will be adjusted by CCIS worker to match the hours of care based on parent’s work/training schedule (example: p/c requested weekend care but p/c only works Mon-Friday, p/c requested 5 days of care, but p/c only works 3 days, etc.)*

Based on the above information and a review of EVF/Training & travel time - The **TOTAL CHILD CARE NEEDS** schedule was confirmed and updated in PELICAN as follows:.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

CCIS Representative \_\_\_\_\_ Date: \_\_\_\_\_

**List additional Children needing child care:**

Child's Name _____						
Based on your work/training schedule, what type of care does your child need?						
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Weekend Care <input type="checkbox"/> Evening Care						
What time will you drop your child off at the Child Care program and what time will you pick your child up each day?						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Drop off	Drop off	Drop off	Drop off	Drop off	Drop off	Drop off
Pick Up	Pick Up	Pick Up	Pick Up	Pick Up	Pick Up	Pick Up
Child's Name _____						
Based on your work/training schedule, what type of care does your child need?						
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Weekend Care <input type="checkbox"/> Evening Care						
What time will you drop your child off at the Child Care program and what time will you pick your child up each day?						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Drop off	Drop off	Drop off	Drop off	Drop off	Drop off	Drop off
Pick Up	Pick Up	Pick Up	Pick Up	Pick Up	Pick Up	Pick Up
Child's Name _____						
Based on your work/training schedule, what type of care does your child need?						
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Weekend Care <input type="checkbox"/> Evening Care						
What time will you drop your child off at the Child Care program and what time will you pick your child up each day?						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Drop off	Drop off	Drop off	Drop off	Drop off	Drop off	Drop off
Pick Up	Pick Up	Pick Up	Pick Up	Pick Up	Pick Up	Pick Up

The CCIS Representative will enter **TOTAL CHILD CARE NEED** in gray shaded area for each child listed above based on the review of EVF/Training and Travel time. The Schedule will be updated in PELICAN.