

PARENT SCHEDULE REVIEW

- Application
 Re-determination
 New Work/Training Schedule
 F2F

THIS SECTION TO BE COMPLETED BY PARENT

Please complete numbers 1- 5 and return the form to the ELRC Region-18 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 ELRC Region-18

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 ELRC Region-18 – the schedule will be adjusted by the ELRC Region-18 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

ELRC Region-18 Representative _____ Date: _____

Record Number: _____

List additional Children needing child care:

Child's Name _____

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

Full Time Part Time Weekend Care 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?

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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 _____

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The ELRC Region-18 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.