

**CHILD CARE SUBSIDY PROGRAM
SERVICE PLAN**

CITY/COUNTY
DATE
CASE NUMBER
APPLICATION DATE

CHILD CARE SERVICE PLAN
Effective Begin Date: [Click here to enter a date.](#)

Goals:

Self-Sufficiency Safety and Well-being of Children Other

Other (explain):

Where do you see yourself six months from now?

Where do you see yourself two years from now?

Where do you see yourself five years from now?

Objectives:

Maintain on-going employment Education/Training Protection/Prevention for children
Other

Other (explain):

CHILD CARE SERVICE PLAN

Needs Assessment/Activity Schedule:

Parent 1

Activity Schedule (enter total number of hours per day):

Mon.	Tue.	Wed.	Thur.	Fri.	Sat.	Sun.	Hours per week

Comments:

Parent 2

Activity Schedule (enter total number of hours per day):

Mon.	Tue.	Wed.	Thur.	Fri.	Sat.	Sun.	Hours per week

Comments:

Parent 3

Activity Schedule (enter total number of hours per day):

Mon.	Tue.	Wed.	Thur.	Fri.	Sat.	Sun.	Hours per week

Comments:

What do you need to do to meet your employment and/or education goals?

What is your backup plan for child care?

CHILD CARE SERVICE PLAN

Local Department Responsibility:

Referral to Community Resources Consumer Education Quality Child Care Information
Provider Information Demonstration of VaECC Other Supportive Services
Authorize Child Care Services Referral to DCSE Other

Other (explain):

Parent Responsibility:

Report Changes in 10 days Comply with Local DSS Requests
Maintain Employment Satisfactory Progress Education/Training
Pay Required Fees (co-payment, amount above MRR) Other

Other (explain):

Type of Transportation:

Personal Vehicle Public Transportation Other:

Family Needs and Other In-State Benefits/Services:

List of other family needs:

List of other state benefits/services received:

Does the family receive child support? Yes No

Other (explain):

Client Signature: _____

Date: _____

Worker Signature: _____

Date: _____

CHILD CARE SERVICE PLAN

FORM NUMBER – 032-12-0129-01-eng (01/18)

PURPOSE OF FORM – To engage parents in the service planning and the family needs assessment.

USE OF FORM – Provides a place to record service planning information, provision of consumer education, and the parent and local department responsibilities.

COPIES – The original will be stored in the case record and one copy must be given to the applicant/recipient.

INSTRUCTIONS FOR PREPARING THE FORM – During the development of the service plan, the Child Care Worker must discuss with the parent the responsibilities outlined and also discuss the agency and vendor responsibilities. Service plans must be updated at least annually. The service plan is a part of redetermination.

The initial Child Care Service Plan must be signed and dated by the recipient and the Child Care Worker. A copy must be given to the recipient. The Virginia Case Management System (VaCMS) provides a place to record service planning and consumer education information. The Service Plan can be printed by transmitting from a button on the service plan page of VaCMS.