

CalWORKs STAGE 1 CHILD CARE INTER-COUNTY TRANSFER LETTER

Los Angeles County

Date:

To: County Name:

From: Agency Name:

Address:

Address:

Phone #:

Phone #:

Fax #:

Fax #:

Contact Name:

Contact Name:

The family listed below is or will be moving to your county and is requesting subsidized child care. Please accept this letter of transfer. Thank you.

FAMILY INFORMATION

Parent's Name:

Phone #: (H)

(W)

Parent's DOB:

Social Security #:

Address:

City/Zip:

Children's Names

DOB

Currently Receiving Child Care?

1)

Yes

No

2)

Yes

No

3)

Yes

No

CalWORKs INFORMATION

CalWORKs Case Name/Case #:

Currently receiving CalWORKs? Yes No If No, indicate discontinuance date:

Provider Status – Will child care provider change? Yes No

TRANSFER RESPONSE – RECEIVING COUNTY

Please complete this section and fax back to the County/Agency requesting the transfer within ten business days.

Your transfer request for:

has been handled in the following manner:

Completed by:

Phone #:

Child Care Start Date:

Comments: