

INTER-AGENCY TRANSFER LETTER

Date:

To (Agency Name):

From (Agency Name):

Address:

Address:

Phone #:

Phone #:

Contact Name (if available):

Contact Name:

Please accept this letter of transfer. The family listed below is in good standing and is requesting subsidized child care in your service area. Thank you.

Zip code where child care is being requested:

FAMILY INFORMATION

Parent's Name: Phone #:(H) (W)

Parent's DOB: Social Security # (optional):

Current funding source: Stage 1 Stage 2 Stage 3 Other:

Name(s) of Child(ren)	DOB	Current Hours Authorized		Authorized Rate
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1.		FT	PT	
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2.		FT	PT	
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3.		FT	PT	
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Currently receiving CalWORKs? YES NO **If NO, indicate discontinuance date:**

CalWORKs Case Number (if applicable):

PROVIDER INFORMATION

Child Care Provider Name:

Address: City: State: Zip:

Home Phone #: Work Phone #:

Provider Type:

Center

Family Child Care

License-exempt (out-of-home)

License-exempt (in-home)

SUPPORTING DOCUMENTATION

Supporting documentation attached:

NOA of cash termination

CD-9600

Employment/Training verification form

Provider Documents

Other:

Comments:

TRANSFER RESPONSE

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

Your Transfer request for

has been handled in the following manner:

Completed by:

Phone #:

Child Care Start Date:

Supporting Documentation Attached

No funding available (eligibility list)

Denied (Returned to agency)

Comments: