



**State of Florida  
Department of Children and Families**

**Ron DeSantis**  
Governor

**Shevaun L. Harris**  
Secretary

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**DATE:** January 7, 2022

**TO:** Regional Managing Directors  
Sheriff's Offices Conducting Child Protective Investigations  
Community Based Care Lead Agency CEOs

**THROUGH:** Taylor Hatch, Deputy Secretary

**FROM:** Jess Tharpe, Interim Assistant Secretary for Child Welfare  
Sharron Washington, Assistant Secretary for Operations

**SUBJECT:** Updated At-Risk Child Care Application and Authorization (form CF-FSP 5002)

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**PURPOSE:** The purpose of this memorandum is to provide notification of updates to the At-Risk Child Care Application and Authorization (form CF-FSP 5002, available in DCF Forms). This referral is utilized by child protective investigators and dependency case managers to enroll at-risk children into childcare facilities.

**BACKGROUND:** The Office of Early Learning must complete a developmental screening on all children receiving services through their program. Typically, parents enroll their children for childcare subsidy through the Office of Early Learning portal. During this enrollment process, parents are prompted to sign a consent for a developmental screening of the child(ren) who is/are being enrolled. In situations where the Department and child welfare agencies utilize the At-Risk Child Care Application and Authorization referral, the parents do not access the portal for enrollment, and thus, do not authorize consent for developmental screenings as the enrollment of the referred child is automatic. Parental consent for developmental screenings is necessary to ensure the child is receiving the appropriate individualized services to meet the child's needs.

**NEW INFORMATION:** The updated At-Risk Child Care Application and Authorization includes a designated field to document an email address for the client, adds a section for Parental/Agency Consent for a developmental screening, removes unnecessary information, and replaces the reference to "FAHIS" to reflect FSFN Case ID/Intake number.

**ACTION REQUIRED:** Please share this memorandum with all appropriate staff in the regions, circuits, community-based care lead agencies, case management organizations, child protective investigators, and sheriff offices conducting child protective investigations.

**CONTACT INFORMATION:** If you have any questions or need clarification regarding this memorandum, please contact Letitia McClellan, Operations Review Specialist, at [Letitia.McClellan@myflfamilies.com](mailto:Letitia.McClellan@myflfamilies.com) or 850-717-4353.

cc: Regional Family and Community Services Directors  
Grainne O'Sullivan, Director of Children's Legal Services  
Center for Child Welfare

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Mission: Work in Partnership with Local Communities to Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency



# At-Risk Child Care Application and Authorization

**Authorization:** ☐ INITIAL AUTHORIZATION ☐ REDETERMINATION ☐ UPDATE  
 If update, change in: ☐ Hours ☐ Children ☐ Address ☐ Custody ☐ Eligibility Extension ☐ Termination of Care ☐ Worker/Unit

TO:	FROM: (Print Worker Name)	EMAIL ADDRESS:
	Unit, Number & Address	
	City, Zip Code	

## SECTION A: CLIENT/FAMILY INFORMATION If address for parent/guardian is a P.O. Box, enter street address in "Comments" below.

Social Security No.	Last Name	First Name	MI (Print)	Date of Birth	Gender	Race
Social Security No.	Spouse or Other Parent (if applicable) (Print): Last Name First Name MI			Date of Birth	Gender	Race
Address		City	State	Zip	Day Time Phone No.	Email Address

## SECTION B: ELIGIBILITY

**I. Status:** ☐ Assistance ☐ Non-Assistance **Rilya Wilson Act:** ☐ Yes ☐ No

☐ At Risk: ☐ PI ☐ PS ☐ FC ☐ Diversion

☐ Placement Location: ☐ In Home ☐ Out of Home: Relative/Non-Relative ☐ Foster Care

**Custody:** ☐ DCF Placement & Care/Custody **Medicaid Eligible:** ☐ Yes ☐ No  
☐ Not Under DCF Placement & Care/Custody

**II. FOR COALITION USE ONLY**

☐ Income Eligible <100% ☐ Income Eligible 150% - 200% ☐ TANF "Child Only"  
☐ Income Eligible 100% <=150% ☐ OTHER ☐ TANF (Relative Caregiver)

**III. Primary Purpose of Care:** ☒ PROTECTION

**Secondary Purpose of Care:** ☐ Emergency ☐ Therapeutic Plan ☐ TANF At Risk (RCG)  
☐ Employment ☐ Work Activity ☐ Education Activity (TED)

**IV. Parental/Agency Consent:** The completion of a developmental screening or child assessment is authorized for the child(ren) in care. Consent is given for results to be shared with the child care provider and state or local agencies for developing an intervention plan.

**Developmental screening:** ☐ Yes ☐ No

**Child Assessment:** ☐ Yes ☐ No

**Parent/Legal Guardian Signature:** \_\_\_\_\_

## SECTION C: AUTHORIZATION – Child care services are authorized for this client for approved activity(ies). The minimum hours of care per child includes hours per week for reasonable transportation time. *Children authorized to receive care:*

Name	SSN	Birth Date	Race/ Gender	Minimum Hours of care/week	FSFN Case ID/ Intake #	FOR COALITION USE ONLY		
						Center/Home Placed	Date Enrolled	Assessed Fee

Care Authorization from \_\_\_\_\_ through \_\_\_\_\_ (Not to exceed a 6 month period)

Comments: \_\_\_\_\_

## SECTION D: AUTHORIZING SIGNATURE(S): I hereby certify that the information provided above is correct.

Authorizing Worker: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisory Approval: \_\_\_\_\_ Tel.: \_\_\_\_\_ Date: \_\_\_\_\_

Coalition: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS FORM IS VOID AFTER 10 CALENDAR DAYS FROM AUTHORIZATION DATE**