

**ALABAMA DEPARTMENT OF HUMAN RESOURCES/  
CHILD CARE MANAGEMENT AGENCY  
CHILD CARE SUBSIDY REFERRAL FORM**

**DATE:** \_\_\_\_\_ **TYPE OF REFERRAL:** Health Care Provider or First Responder

**TO:** Candice Keller **FROM:** \_\_\_\_\_  
Name of DHR Designee Name of Employer's Authorized Designee

**APPLICANT INFORMATION:**

Parent Name:		Spouse Name (if applicable):	
Date of Birth:	Race:	Date of Birth:	Race:
SSN (optional):	Sex:	SSN (optional):	Sex:
Employer Name:		Employer Name:	
Employer Address:		Employer Address:	
Employer Phone #:		Employer Phone #:	
Residential Address:			
City:	County:	State:	Zip Code:
Email Address:			Phone #:

**CHILDREN NEEDING CARE:**

Name	Date of Birth	Race	Sex	SSN (Optional)	Amount of Care (FT/PT)*

**PARENTAL FEE WAIVED:** X YES \_\_\_\_\_ NO

**DATE CARE NEEDS TO START:** \_\_\_\_\_

**DATE CARE NEEDS TO END:** \_\_\_\_\_

<p><b>*Amt. of Care Codes</b>                  FULL TIME (FT) &gt;25 hours/week                  PART TIME (PT) 15-25 hours/week</p>
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**NAME OF LICENSED CHILD CARE PROVIDER:** ALL KIDS CHILDCARE CENTER

**ADDRESS OF CHILD CARE PROVIDER:** 231 McFarland Boulevard Northport AL 35476

**ADDITIONAL INFORMATION:** Phone: 2057015437

I certify the information given is true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant (Parent)

\_\_\_\_\_  
Signature of Employer's Authorized Designee

**DO NOT WRITE BELOW THIS SECTION**

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The following child(ren) \_\_\_\_\_

were enrolled at \_\_\_\_\_ on \_\_\_\_\_

\_\_\_\_\_  
CMA Worker's Name

\_\_\_\_\_  
CMA Worker's Signature

**ALABAMA DEPARTMENT OF HUMAN RESOURCES**

**CHILD CARE SUBSIDY PROGRAM**


Effective April 22, 2020

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**FORM TITLE:** DEPARTMENT OF HUMAN RESOURCES/CHILD CARE MANAGEMENT AGENCY CHILD CARE SUBSIDY REFERRAL FORM

**PURPOSE:** The purpose of this form is for Health Care Providers and Caregivers to obtain a referral from your Employer's Authorized Designee for the Alabama Department of Human Resources Child Care Subsidy Program. The eligible population for this referral includes: physicians, dentists, mental health workers, nurses, chiropractors, physical therapists, veterinarians, hospitals/clinics, clinical staff, nursing homes, residential health care facilities, adult day care centers, blood banks, congregate-care facilities, assisted living facilities, elder care, medical wholesale and distribution, home health workers and aides, medical supply and equipment manufacturers and providers, medical waste disposal, hazardous waste disposal, and other ancillary healthcare services.

Do you do  
this kind  
of work?



**INSTRUCTIONS:** Please complete the form in its entirety. The form must be signed by the Authorized Designee and emailed to [childcare.subsidy@dhr.alabama.gov](mailto:childcare.subsidy@dhr.alabama.gov). Approval of your case will be emailed to the e-mail address provided on the form. Child care will be provided for children in your household from ages birth through 12 years of age.

**PLEASE NOTE:** The child care provider selected must be a licensed facility. The facility must register with the local child care management agency in order to receive funding and prior to enrollment of your child(ren). For assistance locating a provider, please visit <https://dhr.alabama.gov/child-care/> and select "Find Child Care Facilities Open During the Pandemic".

**Use of Time and Attendance System (TAS) Card:** You will receive a TAS card to swipe attendance of your child at the child care facility within 10 days of case approval. Your provider will receive a point-of-service device to use with your card. Instructions on how to use the card is included with the card. You must swipe your child in and out each day in order for the provider to receive payment. Do not leave your card with the provider or any employee of the provider.

**NO INCOME GUIDELINES**

**CHILDCARE ASSISTANCE THROUGH 2020**