KID'S NET MSPCC

BABYSITTING REQUEST FORM

(this form is for daytime care, when other childcare options are not available)

Requesting Foster Parent

Name: _____ Kinship □ Unrelated □

Address: _____ Child-Specific □ Pre-Adoptive □

Town & Zip: _____

Phone (C): _____ (H): _____

Dates & Time of Care: _____

Foster Parent/Other DCF Approved Provider

Name: _____

Address: _____

Town & Zip: _____

Phone (C): _____ (H): _____

Last BRC/CORI Approval Date: Social Security Number:
Has NRL been entered in IFNET: Yes ☐ No ☐

Children

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

DCF Information

Office: _____ Date: _____

Foster Care Staff Name: _____

Foster Care Staff Signature: _____

Incomplete forms will not be accepted

For Kid's Net Staff: W9 on file? _____ Confirmation: _____ In eHana: _____ Sent for payment: _____