

REQUEST FOR CHILD CARE PURSUANT TO ACL 19-99

I, _____

Case number _____

Am requesting childcare for the following children:

Name	Age	Full-time	Part-time

Type of activity that I will be engaged in:

Job Search

Working

Going to School

Date _____

Signature

DESIGNATION OF AN AUTHORIZED REPRESENTATIVE FOR THE COUNTY TO RELEASE INFORMATION

I further authorize _____ or any person designated by them to be my authorized representative and to release any and all information to them as they request.

Date _____

Signature