

COUNTY OF

Appointment Letter

Date:
Case Name:
CPS Case Number:
Case Number:
Worker Name:
Worker ID:
Worker Phone Number:

FORMS/DOCUMENTS NEEDED FROM PARENTS/LEGAL GUARDIANS

I am writing to you in regards to your child, who is being cared for, by the Department of Children and Family Services under the court jurisdiction of the _____ County. In order for the County to secure funding for the placement cost of your child's care, we need information regarding your income, deductions, expenses, legal documentation, resources and household status in the month of _____.

Please bring all items below applicable to the month of _____ to the office listed above on _____ at _____.
If you are unable to attend the appointment, please call me at the above number to reschedule.

KEEP THIS LETTER FOR YOU RECORDS. Failure to provide the documents and/or other information by the above date may result in the denial/discontinuance of Foster Care funding. If you have any questions or are unable to obtain any of the items by the due date, please call me immediately at the number listed above.

INCOME

- Award Letter/Notice of Government benefits (CalWORKs, Social Security, Veterans, etc.)
- Child Support/Alimony
- Pay Stubs or Income Tax Statements (present employment paystubs or source of income)

RESOURCES

- Bank Records/Credit Union (Savings/Checking)
- Automobile Registration
- Insurance Policies (Life, Medical, Burial)

DEDUCTION/EXPENSES

- Property Tax Statement
- Receipts for Court Ordered Child Support/Alimony
- Mortgage Payment Book

VERIFICATION/DOCUMENTS

- Identification / Driver License
- Birth Certificate
- Social Security Card
- Citizen Documents/Alien Registration Card/I-94
- Marriage Certificate
- Death Certificate
- School/Enrollment/Attendance papers