DECAL CAPS - STATEWIDE 2 MARTIN LUTHER KING JR. DR. SE

TOWER, SUITE 754 NTA GA 30334 -442-2277



DEPARTMENT OF EARLY CARE AND LEARNING

1 of 2

CAPS CERTIFICATE

Worker ID: Worker Name: Worker Name: Worker Phone Number: (Case Number: Client ID: Woods Name (Client ID: Woods Na



DATE: 08/17/2019

Phone

CAPS has approved child care as shown on this certificate. This certificate is effective from 02/11/2019 to 02/09/2020 unless there are changes in the family situation. The Parental Authority and the Provider will receive written notification from the CAPS Program if this certificate is changed. If you are not redetermined eligible prior to 02/09/2020 you will no longer receive child care assistance.

L **Child Care information** Case Certificate: Child's name: DOB Care Begin: Type of Care: # of hours per week Care End: 02/09/2020 Week 1: 25 Week 2: 25 Week 3: 25 Week 4: 25 H. Family information *** Redetermination Date *** Parental Authority 02/09/2020 Address Home: (404) 447-9173 Work: Mobile: Telephone 111. Provider # Type: Center Child care License # Name **UAS: 550** Address Relation to Child: None In Child's Home: N Registration Fee: \$65.00