

Statement of Incapacity (CD-9606)

(Hot Sheet)

CF/R-26 Revised 1/11

(Mandatory)

This form may be used to verify that a parent/guardian enrolled in a full day program is unable to provide normal care for the child due to medical or psychiatric needs for part of the day.

To complete this form:

1. Part I is completed by the authorized agency representative and the incapacitated parent.
 - a. Parent/Guardian prints name, signature, date, and documents name of children along with their birthdates who receive subsidized child care.
 - b. Agency records agency, agency representative, telephone number and address.
2. Part II is to be completed by a licensed professional.
 - a. Statement that the parent is incapable of providing care and supervision for the child for part of the day and, if parent is physically incapacitated, identification of the extent to which the parent is incapable of providing care and supervision.
 - b. The days and hours per week that services are recommended
 - c. The probable duration of the incapacitation
 - d. The name, business address, telephone number, professional license number, and signature of the legally qualified professional, if applicable, the name of the health organization with which the professional is associated