

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES

AGENCY NAME	DATE
WORKER'S NAME	TELEPHONE NUMBER

**GOOD CAUSE COMMUNICATION FORM
CHILD CARE SUBSIDY PROGRAM**

Attention: Please take immediate action to ensure the safety and protection of the individuals on this case.

To:

_____ **DCSE District Office**

Re: VaCMS Case # _____

The following custodial parent has applied for Child Care Subsidy Program assistance and good cause has been claimed or determined.

Custodial Parent (CP)

Name	DOB	SSN
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Child

Name	DOB	SSN
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Non Custodial Parent (NCP)

Name	DOB	SSN
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Good Cause Code	Effective Date
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The custodial parent has stated (s)he has previously received public assistance or has a child support case. Please review APECS for any existing support cases and take appropriate steps to close the case.

GOOD CAUSE COMMUNICATION FORM

FORM NUMBER –

PURPOSE OF FORM – The form is completed to ensure the client's safety from potentially harmful contract by the non-custodial parent.

USE OF FORM – The eligibility worker must send the Good Cause Communication Form when a newly approved recipient has claimed good cause in order to alert the Division of Child Support Enforcement (DCSE) to close their public assistance to DCSE services case.

NUMBER OF COPIES – Two.

DISPOSITION OF FORM – Forward a copy to the DCSE district office. File a copy in the TANF case record.

INSTRUCTIONS FOR PREPARATION OF FORM – Complete the agency and worker information at the top of the form. Address the form to the DCSE district office serving the local agency. Enter the Child Care Subsidy Program case number and the custodial parent, child, and non-custodial parent information.