



STATEMENT OF INCAPACITY

(Parent or Guardian)

I, _____, authorize the release of the following information to PACEAPP.

Signature of Parent or Guardian

In order for the child(ren) of this parent to be eligible to receive child care services, this form must be completed by a licensed professional specifying the medical reason child care is needed.

Instructions

- Every question on this document must be completed for this form to be valid.
- The duration of the medical incapacitation must be specified with a beginning and ending date below.
- Please return this completed form to the address below within 5 business days.

To be completed by a legally qualified professional as per California Department of Education (CDE), Title V Regulation, Section 18088:

1) Please state the nature of the incapacity (Attach a separate sheet if necessary):

2) Probable dates of incapacity: From _____ / _____ / _____ To _____ / _____ / _____

3) Does the nature of the incapacitation prevent the parent from caring for the child without assistance for at least some part of the day? Yes No

4) Indicate in the boxes below the number of child care hours necessary each day:

Please indicate the time in a day and the days of the week, not to exceed 50 hours in a week, that the parent is unable to care for or supervise the child(ren).							
Child care	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time:	am pm	am pm	am pm	am pm	am pm	am pm	am pm
End Time:	am pm	am pm	am pm	am pm	am pm	am pm	am pm
If the time of day cannot be easily identified in consultation with the patient, please identify the number of hours and days of the week for which the parent needs assistance with supervision of children.							
Child care	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Nbr of Hours							

5) Is hospitalization required at this time? Yes No

Comments (Attach a separate sheet, if necessary):

Physician's or Clinician's Information:

Print Name

Signature

Professional Title & License Number

Date

Address

Phone

