

Hamilton County Department of Job and Family Services
Child Care Services

Unable to Care for Child: To Be Completed by Physician

1. Patient's Name _____

2. Medical condition _____

3. Is patient able to care for child at home? Yes; No – If no, please state reason: _____

4. Approximate length of time patient will be unable to care for child at home:

- Less than 1 month
- 1 – 2 months
- 3 – 6 months
- 7 – 9 months
- More than 9 months

5. Will patient remain under your care? Yes; No

Printed Name of Physician:				Physician's Stamp (required)
Physician's Signature:		Date:		
Street Address:				
City:	State:	Zip:	Phone:	

Please return completed form to:

Return by Mail	Return by Fax	Main Phone Number:
Hamilton County Job & Family Services ATTN: _____ 222 E. Central Parkway Cincinnati, OH 45202	(513) 946 - 1830	(513) 946 - 1800