

# Request For CAPS Parental Authority Investigation



GA Department of Early Care and Learning  
Childcare and Parent Services  
Audits and Compliance Division  
2 Martin L. King Jr. Drive  
East Tower, Suite 754  
Atlanta, GA 30334  
[CAPS.Investigations@dec.al.ga.gov](mailto:CAPS.Investigations@dec.al.ga.gov)

\*Name of Parental Authority: \_\_\_\_\_

\*Case ID #: \_\_\_\_\_ Parental Authority SSN: \_\_\_\_\_

Address of Parental Authority:

\_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

County Name: \_\_\_\_\_ County Number: \_\_\_\_\_

\*Child Care Provider Name and Address (where care is provided):

\_\_\_\_\_ Provider ID Number: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\*Estimated Amount of Overpayment: \$ \_\_\_\_\_

\*Estimated Dates of Overpayment: From \_\_\_\_\_ to \_\_\_\_\_

CAPS Child(ren) associated with overpayment:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

(For additional children, please attach list)

\*Reason for Referral:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Please attach any statements received from the child care provider or parental authority.)

\_\_\_\_\_ Referral Source Signature and Date

\_\_\_\_\_ Phone Number

\_\_\_\_\_ E-mail Address

\*Asterisk indicates mandatory information. Field is required to be completed on order to process referral.