CCR&R Referral Client Intake Form

Name: _____ *Date of Call:* _____

Address: _____

Family Composition: ☐ single parent ☐ two parent ☐ teen parent

☐ foster/guardian ☐ grandparent ☐ other relative

other Address: _____

_____

Contact Info: home phone: _____ work phone: _____

cell phone: _____ fax number: _____

email address: _____

Employer: _____

Financial Assistance Client? (receiving any $ from DSS): ☐ yes ☐ no

Location Needed for Care: ☐ near home ☐ near work

☐ near public transportation ☐ in child's home

☐ near child's school school: _____

Child and Scheduling Information

Child's First Name:	Monday Times:
date of birth: date for care:	Tuesday Times:
☐ fulltime ☐ part-time ☐ both	Wednesday Times:
☐ full year ☐ school year ☐ summer only	Thursday Times:
☐ evenings ☐ weekends ☐ overnights	Friday Times:
Type of Care:	Saturday Times:
☐ child care center ☐ family child care	Sunday Times:
☐ informal/exempt ☐ group family child care	**Extra Care Services:**
☐ in child's home/exempt ☐ day camp	☐ drop in
☐ school-age program ☐ school	☐ temp./emergency
Type of Program:	☐ before school
☐ Head Start ☐ Early Head Start	☐ after school
☐ UPK ☐ preschool	☐ rotating schedule
☐ nursery school ☐ school-age program	☐ open holidays
☐ summer recreation ☐ playgroup	☐ 24 hour care

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Environment: ☐ smoke free ☐ no pets ☐ fenced play area ☐ computer

Special Needs (specify which child[ren] have special needs) ☐ _____

☐ developmental disability ☐ educational disability ☐ medical care needs

☐ wheel chair access ☐ special diet ☐ sign language

☐ mod. ill health service ☐ transportation ☐ inclusive program

☐ itinerant ☐ gifted ☐ other

MAT Certification: ☐ needs provider NYS approved to give medications

Additional Care Services: ☐ breastfeeding friendly ☐ evening ☐ mildly ill/sick

☐ overnight ☐ respite care ☐ rotating schecheule

☐ snow days ☐ weekend ☐ part week

Transportation: ☐ needs transportation by provider ☐ relies on public transportation

☐ needs walking distance from school

Client Statistics

Relationship to Children: ☐ father ☐ mother ☐ grandparent / relative

☐ foster parent ☐ case worker ☐ guardian

Employment Status: ☐ employed ☐ seeking employment ☐ at home ☐ student

Family Size: _____ *Income Category:* ☐ 1 < $21,660 ☐ 2 < $29,140 ☐ above

☐ 3 < $36,620 ☐ 4 < $44,100 ☐ 5 < $51,580 200%

☐ 6 < $59,060 ☐ 7 < $66,540 ☐ 8 < $74,020 poverty

Subsidy Eligibility Status: ☐ subsidy eligible ☐ not subsidy eligible

Referred by: ☐ child care provider ☐ DSS ☐ other public agency

☐ private agency ☐ relative/friend ☐ employer

☐ phone book ☐ media/newspaper ☐ internet

☐ CCR&R website ☐ former client ☐ other

Reason for Needing Care:

☐ end of leave of absence ☐ seeking employment ☐ employment

☐ training/education ☐ current care unavailable ☐ relocated/moved

☐ child's developmental needs ☐ parent's non-job-related needs ☐ other

☐ dissatisfied with current care

_____

Language(s) spoken at home:

Referrals Given: _____ *by:* _____

_____

_____