Child Care Referral Intake Form

| Name: | | | | | | Phone | e: | | |
|-----------------------------------|---------|----------------|------|------------|----------------------|---------------------------------------|-----------------|-------------------------|-------------|
| Address: | | | | | | | | | |
| Email Address: | | | | | | | | | |
| Family Composition/Cha | racteri | stics: □ si | ngle | parent | : 🗆 | l two parent | □ teen pare | nt □ foster | /guardian |
| ☐ relative [| □ hom | eless/in shelt | er | | □m | nilitary 🗆 dec | clined to answe | r 🛮 no inf | 0 |
| Employer: | | | | | _ | Location of Ca | re Needed: | | |
| Type of Client: new / pr | evious | / previous - n | iew | search | | (near home, near w | | ool, near transportatio | n, in home) |
| Supply the following in | fo: | Chi | ld 1 | | | Child | 2 | Child 3 | } |
| Child's Name | | | | | | | | | |
| child's gender | | | | | | | | | |
| birthdate | | | | | | | | | |
| fulltime/part time | | | | | | | | | |
| summer/school year/bo | oth | | | | | | | | |
| hours of care | | | | | | | | | |
| type of care requested (modality) | t | | | | | | | | |
| environment | | | | | | | | | |
| special needs (specify |) | | | | | | | | |
| MAT certification need | ed | | | | | | | | |
| non-traditional hours | | | | | | | | | |
| type of program | | | | | | | | | |
| additional services | | | | | | | | | |
| special diet | | | | | | | | | |
| school district needed | l | | | | | | | | |
| transportation needed | t | | | | | | | | |
| FAMILY INFO: | | | | | | | | | |
| relationship to children: | | ☐ mother | | ☐ father | | ☐ grandparent/relative | | ☐ guardian | |
| | | ☐ foster par | ent | | □ ca | aseworker | □ other | ☐ declined to | o answer |
| 1: | | ne Category: | | □ above 20 | | 0% poverty | □ below 200 | % poverty | |
| | | \$ \$24,120 | | | \$32,480 \$49,200 | □ 3: < \$40,840 (ı □ 6: < \$65,920 | | sed: 2018) | |

| Subsidy Eligibil | ity: | □ subsidy eligi | ble | □ not | subsidy eligible | | ☐ receiving | g subsidy | | | |
|---|----------------|-----------------|---------|----------|------------------|-----------|--|----------------------|--|--|--|
| REFERRED BY: | □ child | d care provider | □ LDSS | 5 | ☐ other public | :/private | agency | ☐ relative/friend | | | |
| | □ emp | oloyer | □ inte | rnet /CC | R&R website | □ soci | al media | ☐ former client | | | |
| | □ regi | onal 211/311 | □ com | munity | visibility event | □ othe | er | | | | |
| REASON FOR N | <u>IEEDING</u> | CARE: | | | | | | | | | |
| ☐ child expelle | ed | ☐ child's need | S | □ curr | ent care unavail | lable | ☐ dissatisfi | ed with current care | | | |
| \square employment \square end of leave | | | of abse | nce | \square other | | \square parent's non-job related needs | | | | |
| ☐ relocation/n | noved | ☐ seeking emp | oloymen | t | ☐ training/edu | ucation | □ unable to | o determine | | | |
| Spanish/Hispanic/Latino? Race: | | | | | | | Language Spoken: | | | | |
| □ Cuban □ | Mexican | ☐ Puerto Rica | n | | | □ Did | not answer | | | | |
| Notes: | | | | | | | | | | | |
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| Referrals Giver | n: | | | | | by: | | | | | |
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