

**Child Care Resource and Referral
Client Intake Form**

OFFICE USE ONLY: CLIENT ID _____

CLIENT

FIRST NAME: _____ LAST NAME: _____
ADDRESS: _____ Apt. _____
CITY: _____ ZIP: _____
PHONE NUMBER: () _____ CELL NUMBER: () _____
EMAIL: _____

FAMILY COMPOSITION: SINGLE PARENT 2 PARENT OTHER: _____

RELATION TO CHILD: MOTHER FATHER GRANDPARENT FOSTER PARENT CASEWORKER OTHER

WHERE WOULD YOU LIKE CARE NEAR? SCHOOL WORK HOME OTHER

WHAT TOWN/ TOWNS WOULD YOU LIKE US TO LOOK FOR CHILDCARE IN?:

CHILD/CHILDREN'S INFORMATION

CHILD'S NAME, DATE OF BIRTH & AGE

DOES CHILD HAVE ANY SPECIAL NEEDS?

IF YES, DEFINE (OPTIONAL)

YES NO

YES NO

YES NO

YES NO

PROGRAM

I AM LOOKING FOR PROGRAMS THAT ARE OPEN: Weekday Week Ends

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY

TIMES: From _____ AM/ PM To _____ AM/ PM

DATE CARE IS NEEDED: NOW OR DATE _____

CARE NEEDED FULL TIME PART TIME SCHOOL YEAR SUMMER ONLY BEFORE/AFTER SCHOOL

TYPE OF CARE REQUESTED CHILD CARE CENTER GROUP FAMILY CHILD CARE
 FAMILY CHILD CARE SCHOOL AGE CHILD CARE

WOULD YOU LIKE THE PROGRAM TO BE ABLE TO GIVE MEDICATION? NO YES

STATISTICS

SUBSIDY ELIGIBILITY NOT INCOME ELIGIBLE AT COUNTY LEVEL INCOME ELIGIBLE AT COUNTY LEVEL

ELIGIBILITY STATUS NOT ELIGIBLE FOR COUNTY CHILD CARE SUBSIDY ELIGIBLE FOR COUNTY CHILD CARE SUBSIDY
 RECEIVING COUNTY CHILD CARE SUBSIDY NOT RECEIVING COUNTY CHILD CARE SUBSIDY
 ON WAITING LIST FOR COUNTY CHILD CARE SUBSIDY

HOW MANY PEOPLE LIVE IN YOUR HOME?: _____

ARE YOU SPANISH/ HISPANIC OR LATINO (OPTIONAL)? NO YES

WHAT IS YOUR RACE (OPTIONAL) WHITE BLACK or AFRICAN AMERICAN
 AMERICAN INDIAN or ALASKAN NATIVE ASIAN INDIAN NATIVE HAWAIIAN CHINESE
 FILIPINO JAPANESE VIETNAMESE OTHER DID NOT ANSWER

HOW DID YOU HEAR ABOUT OUR SERVICES?

CHILD CARE PROVIDER SOCIAL SERVICES OTHER PUBLIC AGENCY RELATIVE/ FRIEND EMPLOYER
 INTERNET COMMUNITY VISIBILITY EVENT JOB DEVELOPMENT COMMUNITY ACTION
 MEDIA/ NEWSPAPER

WHY ARE YOU LOOKING FOR CHILD CARE?

JOB SEEKING JOB SCHOOL CHILD DEVELOPMENT

WOULD YOU LIKE TO BE ADDED TO OUR PARENT EMAIL LIST? NO YES

EMAIL ADDRESS: _____

OTHER NOTES:

FOR OFFICE USE ONLY
CLIENT ID: _____ NEW CLIENT PREVIOUS CLIENT SAME QUARTER NEW QUARTER
STAFF INITIALS: _____ DATE RECEIVED: _____ DATE SENT: _____ DATE IN ORS _____
COUNTY: ORLEANS GENESEE
 REFERRAL INFORMATION ONLY INTERNET REFERRAL