

Child Care Referral Intake Form

Name: _____ Phone: _____

Address: _____

Email Address: _____

Family Composition/Characteristics: single parent two parent teen parent foster/guardian
 relative homeless/in shelter military declined to answer no info

Employer: _____ Location of Care Needed: _____

(near home, near work, near child's school, near transportation, in home)

Type of Client: new / previous / previous - new search Financial Assistance Client? yes no

Supply the following info:	Child 1	Child 2	Child 3
Child's Name			
child's gender			
birthdate			
fulltime/part time			
summer/school year/both			
hours of care			
type of care requested (modality)			
environment			
special needs (specify)			
MAT certification needed			
non-traditional hours			
type of program			
additional services			
special diet			
school district needed			
transportation needed			

FAMILY INFO:

relationship to children: mother father grandparent/relative guardian
 foster parent caseworker other declined to answer

Family Size: _____ Income Category: above 200% poverty below 200% poverty
 1: < \$24,120 2: < \$32,480 3: < \$40,840 (revised: 2018)
 4: < \$49,200 5: < \$49,200 6: < \$65,920

