

## Child Care Referral Client Intake Form

DATE:  NAME:

ADDRESS (Location):

MAILING ADDRESS (if different from above):

HOME PHONE:

WORK PHONE:

CELL PHONE:

E-MAIL ADDRESS:

FAMILY COMPOSITION:  Single Parent  Two Parent  Teen Parent  Grandparent/Other Relative  Foster/Guardian

Military Family  Immigrant/Refugee  Homeless/In Shelter  In Protected Location

FAMILY SIZE:  # of ADULTS in Household:

LANGUAGES:  English  Other:

**HOW DID YOU HEAR ABOUT US?**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Child Care Provider | <input type="checkbox"/> LDSS                       | <input type="checkbox"/> Other Public/Private Agency |
| <input type="checkbox"/> Relative/Friend     | <input type="checkbox"/> Employer                   | <input type="checkbox"/> Phone Book                  |
| <input type="checkbox"/> Former Client       | <input type="checkbox"/> Regional 211               | <input type="checkbox"/> Council Facebook page       |
| <input type="checkbox"/> Social Media        | <input type="checkbox"/> Community Visibility Event | <input type="checkbox"/> Internet/CCR&R Website      |
| <input type="checkbox"/> Media/Newspaper     | <input type="checkbox"/> Other <input type="text"/> |  |

EMPLOYER(S):

**Do you qualify for NYS Child Care Assistance Program?**

Yes  No (check eligibility here: <https://hs.ocfs.ny.gov/CCAPeligibility/>)

**REASON(S) FOR SEEKING CARE:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Employment                  | <input type="checkbox"/> Seeking Employment             | <input type="checkbox"/> End Leave of Absence                 |
| <input type="checkbox"/> Training/Education          | <input type="checkbox"/> Cost Too High                  | <input type="checkbox"/> Child's Development                  |
| <input type="checkbox"/> Relocation/Moved            | <input type="checkbox"/> Expecting a Child              | <input type="checkbox"/> Current Provider No Longer Available |
| <input type="checkbox"/> Alternate Backup            | <input type="checkbox"/> Dissatisfied with Current Care | <input type="checkbox"/> Child Expelled from Care             |
| <input type="checkbox"/> Other: <input type="text"/> |   |   |

COUNTY WHERE YOU'RE LOOKING FOR CHILD CARE:  Cortland County  Tompkins County  Both

LOCATION OF CARE NEAR:  Near Home  Near Work/School/Training  Near Child's School  
 Near Public Transportation

TYPES OF CARE:  Child Care Center  Family Daycare  Group Family Daycare  
 School Age Program  OCFS Regulated Summer Camp

CARE NEEDED:  Full Time  Part Time  Both

SCHEDULE:  Full Year  School Year  Summer Only

CHILDREN NEEDING CARE		
Name	Date of Birth	Date Care Needed
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>SCHEDULE</b>	<i>Start Time</i>	<i>End Time</i>
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

**EXTRA CARE SERVICES** (check all that apply):

- |  |                                       |  |  |   |
|--|---------------------------------------|--|--|---|
| <input type="checkbox"/> Drop In   | <input type="checkbox"/> 24-Hour      | <input type="checkbox"/> Before School     | <input type="checkbox"/> After School            | <input type="checkbox"/> Half Day       |
| <input type="checkbox"/> Temp/Emergency  | <input type="checkbox"/> Evening      | <input type="checkbox"/> Overnight         | <input type="checkbox"/> Weekend                 | <input type="checkbox"/> Snow Days      |
| <input type="checkbox"/> Mildly Ill/Sick   | <input type="checkbox"/> Respite Care | <input type="checkbox"/> Rotating Schedule | <input type="checkbox"/> Part Week               | <input type="checkbox"/> Flexible Hours |
| <input type="checkbox"/> Extended Hours  | <input type="checkbox"/> Morning      | <input type="checkbox"/> Afternoon         | <input type="checkbox"/> Breast Feeding Friendly | <input type="checkbox"/> Sick Care      |
| <input type="checkbox"/> Breast Feeding Friendly Certified (only Child Adult Care Food Program providers can get this) |                                       |  |  |   |

**SPECIAL NEEDS** (check all that apply):

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> Educational Disability               | <input type="checkbox"/> Moderately Ill/Health Service | <input type="checkbox"/> Sign Language       |
| <input type="checkbox"/> Medical Care Needs       | <input type="checkbox"/> Wheelchair Access                    | <input type="checkbox"/> Autism Spectrum Disorder      | <input type="checkbox"/> ADHD                |
| <input type="checkbox"/> Cerebral Palsy           | <input type="checkbox"/> Deafness or Other Hearing Impairment |  | <input type="checkbox"/> Down Syndrome       |
| <input type="checkbox"/> Intellectual Disability  | <input type="checkbox"/> Speech or Language Impairment        |  | <input type="checkbox"/> Visiting Specialist |
| <input type="checkbox"/> Traumatic Brain Injury   | <input type="checkbox"/> Visual Impairment                    | <input type="checkbox"/> Transportation                | <input type="checkbox"/> Special Diet        |
| <input type="checkbox"/> Behavioral/Emotional     | <input type="checkbox"/> Diabetes                             | <input type="checkbox"/> Orthopedic Impairment         | <input type="checkbox"/> Seizure Disorder    |
| <input type="checkbox"/> Asthma                   | <input type="checkbox"/> Other                                | <input type="text"/>                                   |  |

**NYS APPROVED TO GIVE ORAL MEDICATIONS:**  Yes  No

**PROGRAM:**

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Nursery School   | <input type="checkbox"/> Play Group       | <input type="checkbox"/> Kindergarten      | <input type="checkbox"/> Inclusive/Special Education   |
| <input type="checkbox"/> Vacation/Holiday | <input type="checkbox"/> Special Interest | <input type="checkbox"/> Summer Recreation | <input type="checkbox"/> SACC (School Aged Child Care) |
| <input type="checkbox"/> Half Day         | <input type="checkbox"/> Montessori       | <input type="checkbox"/> Faith Based       | <input type="checkbox"/> Universal Pre-K               |
| <input type="checkbox"/> Pre-K/Preschool  | <input type="checkbox"/> Early Head Start | <input type="checkbox"/> Head Start        |  |

**ELEMENTARY SCHOOL(S) and GEOGRAPHIC AREAS:**

**Tompkins County:**

- |  |   |                                     |   |   |                                    |
|--|---|-------------------------------------|---|---|------------------------------------|
| <input type="checkbox"/> Belle Sherman | <input type="checkbox"/> Beverly J Martin | <input type="checkbox"/> Caroline   | <input type="checkbox"/> Cayuga Heights | <input type="checkbox"/> City of Ithaca | <input type="checkbox"/> Dryden    |
| <input type="checkbox"/> East Hill     | <input type="checkbox"/> Enfield          | <input type="checkbox"/> Fall Creek | <input type="checkbox"/> Freeville      | <input type="checkbox"/> Groton         | <input type="checkbox"/> Lansing   |
| <input type="checkbox"/> McLean        | <input type="checkbox"/> Newfield         | <input type="checkbox"/> Northeast  | <input type="checkbox"/> South Hill     | <input type="checkbox"/> Trumansburg    | <input type="checkbox"/> West Hill |

**Cortland County:**

- Marathon  Barry  Cincinnatus  DeRuyter  Fabius Pompey  Homer  McGraw  Randall  Smith

**ADDITIONAL COMMENTS FOR THE REFERRAL SPECIALIST:**