



Child Care Support Services

176 Main Street, Oneonta, New York 13820

Phone: (607) 432-0061 | Fax: (607) 431-9303 | E-Mail: childcare@charitiesccdo.org

Child Day Care Referral Request Intake Form

Please complete the following requested information and return to our office. The information collected on this form will be used to provide you with a list of day care programs that offer services that best match your needs and requests.

Date of Request: _____

Parent/Client Name: _____

Street Address: _____

City, State, Zip Code: _____

Mailing address if different: _____

Home Phone: _____

Work Phone ext: _____

Cell Phone: _____

Fax: _____

**** Email Address:** _____

Employer: _____

Caller Relationship: Mother Father Grandparent Guardian
 Foster Parent Case Worker Shelter Worker Other
 No Information

Military Family Immigrant/Refugee Homeless/In Shelter In protected Location Cares Client

Family Composition (please "X" appropriately): Single Parent Two Parent
 Foster/Guardian Teen Parent
 Grand Parent/Other Relative No Information

What is your family size? _____ **How many adults in household?** _____

Add to CCRR Mailing list? _____

Reason for seeking care (please "X" appropriately):

<input type="checkbox"/> Child's Development	<input type="checkbox"/> Seeking Employment	<input type="checkbox"/> Employment
<input type="checkbox"/> End Leave of Absence	<input type="checkbox"/> Relocation/Moved	<input type="checkbox"/> Dissatisfied with Care
<input type="checkbox"/> Training/Education	<input type="checkbox"/> Current Provider No Longer Available	
<input type="checkbox"/> Cost Too High	<input type="checkbox"/> Alternate/Backup Care	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Child Expelled From Care	<input type="checkbox"/> Expecting a child	<input type="checkbox"/> Not Able to Determine
<input type="checkbox"/> Parent's Non-Job Related Needs		

Location of Care requested (please "X" appropriately): Near Home Near Work/School/Training
 Near Child's School Near Public Transportation
 In Own Home



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Caller/Client's Income Category (please "X" appropriately):

<input type="checkbox"/>	Family size of 2 with an income LESS THAN \$ 54,930 per year	<input type="checkbox"/>	Below 300% Poverty / Income Eligible
<input type="checkbox"/>	Family size of 3 with an income LESS THAN \$ 69,090 per year		
<input type="checkbox"/>	Family size of 4 with an income LESS THAN \$ 83,250 per year		
<input type="checkbox"/>	Family size of 5 with an income LESS THAN \$ 97,410 per year		
<input type="checkbox"/>	Family size of 6 with an income LESS THAN \$111,570 per year		
<input type="checkbox"/>	Family size of 7 with an income LESS THAN \$125,730 per year		
<input type="checkbox"/>	Family size of 8 with an income LESS THAN \$139,890 per year	<input type="checkbox"/>	Above 300% Poverty / Not Income Eligible
<input type="checkbox"/>	Annual income is above what is listed for my family size	<input type="checkbox"/>	No Response

Eligibility Status:

<input type="checkbox"/>	Receiving Subsidy	<input type="checkbox"/>	Eligible-No Subsidy Dollars Avail
<input type="checkbox"/>	On Subsidy Waitlist		

If income eligible at county level, but not receiving subsidy, WHY?

<input type="checkbox"/>	Did not know about child care assistance	<input type="checkbox"/>	Application too difficult	<input type="checkbox"/>	No transportation to DSS
<input type="checkbox"/>	Can't take off work to go to DSS	<input type="checkbox"/>	Did not believe they qualified	<input type="checkbox"/>	DSS caseworks are not responsive
<input type="checkbox"/>	Haven't had time to apply	<input type="checkbox"/>	child is not yet born/too young	<input type="checkbox"/>	Not currently working / otherwise ineligible
<input type="checkbox"/>	Other: _____				

Do you need any financial assistance options from providers?

<input type="checkbox"/>	Subsidy Voucher	<input type="checkbox"/>	Sliding scale Fee	<input type="checkbox"/>	Multi-Child Discount
<input type="checkbox"/>	Scholarship	<input type="checkbox"/>	Employer Discount	<input type="checkbox"/>	Fees Negotiable
<input type="checkbox"/>	County Contract	<input type="checkbox"/>	TANF		

Do you need any Nutrition/Health information?

<input type="checkbox"/>	Child & Adult Care Food Prog.	<input type="checkbox"/>	Food Insecurity	<input type="checkbox"/>	Child Health Plus
<input type="checkbox"/>	Referred to Child Health Plus	<input type="checkbox"/>	Medicaid	<input type="checkbox"/>	Referred to Spec. Needs Consult
<input type="checkbox"/>	Developmental Screenings	<input type="checkbox"/>	Services for Families with Special Needs		
<input type="checkbox"/>	Referred to Nursing Consult	<input type="checkbox"/>	Referred to Mental Health Consult		

Referred by (please "X" appropriately):

<input type="checkbox"/>	Child Care Provider	<input type="checkbox"/>	Depart. Social Services	<input type="checkbox"/>	Internet / CCRR Website
<input type="checkbox"/>	Social Media	<input type="checkbox"/>	Relative/Friend	<input type="checkbox"/>	Employer
<input type="checkbox"/>	Community Visibility Event	<input type="checkbox"/>	Regional 211	<input type="checkbox"/>	Other Public / Private Agency
<input type="checkbox"/>	Radio/TV/Billboard	<input type="checkbox"/>	Former Client	<input type="checkbox"/>	Health Care Professional
<input type="checkbox"/>	Other: _____				

Census Bureau Questions:

Are you Spanish/Hispanic/Latino? Yes No Did Not Answer

What is your Race? White Black/African American Did Not Answer Asian American Indian/Alaska Native

Primary language spoken at home: English Chinese/Mandarin Other: _____ Spanish Did Not Answer



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Children:

First Name	<input type="text"/>	DOB	<input type="text"/>	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Unknown
First Name	<input type="text"/>	DOB	<input type="text"/>	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Unknown
First Name	<input type="text"/>	DOB	<input type="text"/>	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Unknown

Date Care is Needed:

Type of Care Requested (please "X" appropriately):

<input type="checkbox"/> Family Child Care	<input type="checkbox"/> Child Care Center	<input type="checkbox"/> Preschool Program
<input type="checkbox"/> Group Family Care	<input type="checkbox"/> School Age Program	<input type="checkbox"/> Camp
<input type="checkbox"/> Other: <input type="text"/>		<input type="checkbox"/> In-Home

Do you need a provider who is approved to administer medication? Yes No

Special Services (please "X" appropriately):

<input type="checkbox"/> Developmental Disability	<input type="checkbox"/> Medical Care Needs	<input type="checkbox"/> No Special Services
<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Educational Disability	<input type="checkbox"/> Asthma
<input type="checkbox"/> Moderately Ill/Health Services		<input type="checkbox"/> ADHD
<input type="checkbox"/> Other: <input type="text"/>		<input type="checkbox"/> Speech or Language Impairment

Transportation By Provider (please "X" appropriately):

<input type="checkbox"/> Transportation by Provider	<input type="checkbox"/> Walking distance to school	<input type="checkbox"/> No Transportation Needs
<input type="checkbox"/> Transportation Provided by School District		<input type="checkbox"/> Near Public Transportation

What elementary school does/will child attend?

Days and hours care is needed (please complete times):

Day	Start Time	End Time
Monday	<input type="text"/>	<input type="text"/>
Tuesday	<input type="text"/>	<input type="text"/>
Wednesday	<input type="text"/>	<input type="text"/>
Thursday	<input type="text"/>	<input type="text"/>
Friday	<input type="text"/>	<input type="text"/>
Saturday	<input type="text"/>	<input type="text"/>
Sunday	<input type="text"/>	<input type="text"/>

Care Needed (please "X" appropriately): Full Time Part Time Other

Duration of Care: Full Year School Year Only Summer Only

Schedules of Care (please "X" appropriately):

<input type="checkbox"/> Evening	<input type="checkbox"/> Overnight	<input type="checkbox"/> Weekend
<input type="checkbox"/> Snow Days	<input type="checkbox"/> Late Day/Evening	<input type="checkbox"/> Extended hours
<input type="checkbox"/> Early Day/Morning	<input type="checkbox"/> Flexible Hours	<input type="checkbox"/> Drop In
<input type="checkbox"/> Mildly Ill/Sick	<input type="checkbox"/> Respite Care	<input type="checkbox"/> Open Holidays
<input type="checkbox"/> 24-Hour	<input type="checkbox"/> Before School	
<input type="checkbox"/> Rotating	<input type="checkbox"/> After School	

Meal Preference (please "X" appropriately):

<input type="checkbox"/> Breakfast	<input type="checkbox"/> Morning Snack	<input type="checkbox"/> Lunch
<input type="checkbox"/> Afternoon Snack	<input type="checkbox"/> Dinner	



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CACFP Preference? Yes No

Environment Preference (please "X" appropriately):

- | | | |
|--|--|--|
| <input type="checkbox"/> Smoke Free Property | <input type="checkbox"/> No Pool | <input type="checkbox"/> No Wood Stove/Fireplace |
| <input type="checkbox"/> Fenced Play Area | <input type="checkbox"/> Wheelchair Accessible | <input type="checkbox"/> Peanut Free |
| <input type="checkbox"/> No Pets | <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Tree Nut Free |

Special Program Requested (please "X" appropriately):

- | | | |
|--|--|--|
| <input type="checkbox"/> Playgroup | <input type="checkbox"/> Summer Recreation | <input type="checkbox"/> Kindergarten |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Nursery School | <input type="checkbox"/> Preschool |
| <input type="checkbox"/> Universal Pre-K | <input type="checkbox"/> Montessori | <input type="checkbox"/> Early Head Start |
| <input type="checkbox"/> Faith Based | <input type="checkbox"/> Vacation/Holiday | <input type="checkbox"/> Infant/Toddler |
| <input type="checkbox"/> Inclusive/Special Edu | <input type="checkbox"/> Academic | <input type="checkbox"/> Homework/Study Time |
| <input type="checkbox"/> Parent Involvement | <input type="checkbox"/> Bi-Lingual | <input type="checkbox"/> Child Development |
| <input type="checkbox"/> Continuity of Care | <input type="checkbox"/> High/Scope | <input type="checkbox"/> In-Home |
| <input type="checkbox"/> Waldorf | | |

Accreditation Preference (please "X" appropriately):

- | | | |
|--|--------------------------------|------------------------------|
| <input type="checkbox"/> NAEYC | <input type="checkbox"/> NACFF | <input type="checkbox"/> NAA |
| <input type="checkbox"/> After School Works NY | | |

Type of Endorsements (please "X" appropriately):

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Asthma Friendly | <input type="checkbox"/> Eco Healthy | <input type="checkbox"/> Breast Feeding Friendly Certified |
|--|--------------------------------------|--|

For Office Use Only:

Referrals Given		Client
		<input type="checkbox"/> Referral <input type="checkbox"/> Consultation <input type="checkbox"/> Other

10/13/2020