



**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 <b>LESS THAN</b> \$ 73,869.56 per year	<input type="checkbox"/> Below 300% Poverty / Income Eligible
<input type="checkbox"/>	Family size of 3 with an income <b>LESS THAN</b> \$ 91,250.63 per year	
<input type="checkbox"/>	Family size of 4 with an income <b>LESS THAN</b> \$ 108,632.70 per year	
<input type="checkbox"/>	Family size of 5 with an income <b>LESS THAN</b> \$ 126,012.77 per year	
<input type="checkbox"/>	Family size of 6 with an income <b>LESS THAN</b> \$ 143,393.84 per year	
<input type="checkbox"/>	Family size of 7 with an income <b>LESS THAN</b> \$ 146,652.80 per year	
<input type="checkbox"/>	Family size of 8 with an income <b>LESS THAN</b> \$ 149,911.75 per year	
<input type="checkbox"/>	<b>Annual income is above what is listed for my family size</b>	<input type="checkbox"/> No Response

**Eligibility Status:**

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

**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"/> <b>No Special Services</b>
<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"/> <b>No Transportation Needs</b>
<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 |
|------------------------------------------|--------------------------------------|------------------------------------------------------------|

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**For Office Use Only:**

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

8/16/2024