



Child Care Referral Form

Date: _____

Intake Type: ___ Phone ___ Walk-in ___ Event: _____

Client's Information:

Client's Name: _____ **Caller's Name (if different):** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____ **County:** _____

Mailing address (if different): _____

City: _____ **State:** _____ **Zip:** _____ **County:** _____

Telephone number: __ () _____ **Fax number:** __ () _____

Email Address: _____

Employer: _____

Spouse's Employer: _____

Case type: REFERRAL

Client Status: ___ New ___ Previous Client

Client Type: FEE WAIVED

Child Information:

(1) **Child's Name:** _____ **Date of Birth:** _____ **Gender:** _____

Special Need (if any, please list): _____

Elementary school (if school age): _____

(2) **Child's Name:** _____ **Date of Birth:** _____ **Gender:** _____

Special Need (if any, please list): _____

Elementary school (if school age): _____

(3) **Child's Name:** _____ **Date of Birth:** _____ **Gender:** _____

Special Need (if any, please list): _____

Elementary school (if school age): _____

(4) **Child's Name:** _____ **Date of Birth:** _____ **Gender:** _____

Special Need (if any, please list): _____

Elementary school (if school age): _____

(5) **Child's Name:** _____ **Date of Birth:** _____ **Gender:** _____

Special Need (if any, please list): _____

Elementary school (if school age): _____

Child Care Information:

Date child care needed: _____

Type of care needed (check all that apply): ___ Child care center ___ Family Child Care Home ___ Preschool ___ Summer Camp ___ After school program (school-age)

Care needed (circle): FULL TIME or PART TIME





Hours/ Days care needed:

Monday: _____ am/pm to _____ am/pm
Tuesday: _____ am/pm to _____ am/pm
Wednesday: _____ am/pm to _____ am/pm
Thursday: _____ am/pm to _____ am/pm
Friday: _____ am/pm to _____ am/pm
Saturday: _____ am/pm to _____ am/pm
Sunday: _____ am/pm to _____ am/pm

Extra Care Services: ___ Drop in ___ Before school ___ After school

General Statistics (Client): OPTIONAL

Age: _____ Relationship to child(ren): _____ Family Size: _____

Yearly Household Income: _____

Does the child have health insurance? ___ Yes ___ No

Who were you referred by? _____

What is your reason for seeking child care? _____

Are you Spanish, Hispanic, or Latino? ___ Yes ___ No

If no, what is your race? _____

