

CHILD CARE REFERRAL INTAKE FORM

Name:						Date:	
Mailing Address:						Apt #	
City:				Zip Code:			
Daytime Phone #				Email/Fax _____			
Are you on a program that helps pay for child care? CalWORKs <input type="checkbox"/> Voucher <input type="checkbox"/> HRA <input type="checkbox"/> Other?							
Subsidy Info requested <input type="checkbox"/> Sliding Scale Referrals <input type="checkbox"/>							
Referred by:		Used before <input type="checkbox"/> Phone Book <input type="checkbox"/> Community Agency <input type="checkbox"/> Friend/Relative <input type="checkbox"/>					
		Tear-off Flyer <input type="checkbox"/> Child Care Facility <input type="checkbox"/> Other: _____					
Care Preferred:		Center <input type="checkbox"/> Family Child Care Home <input type="checkbox"/> In Home <input type="checkbox"/> Parks & Rec <input type="checkbox"/> No Preference <input type="checkbox"/>					
Family Status: Two-parent <input type="checkbox"/> Single-parent <input type="checkbox"/> Other: _____						F <input type="checkbox"/> M <input type="checkbox"/>	
Primary language spoken at home: English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: (Please specify) _____							
<p>Optional Information: The questions in this section are optional. Your answers allow the agencies that fund our services to assess the needs of families in Santa Cruz County and determine how we can better serve you. Personal information such as you name, address, phone number, etc. is confidential and never shared. Your cooperation though greatly appreciated, is optional.</p> <p>Select the number of people in your household and your gross family income that best applies in the category below.</p>							
Family Size			Above	Between	Below	Decline to Answer	Ethnicity
1 Member		8,590	17,180				<input type="checkbox"/> Latino
2 Members		11,610	23,220				<input type="checkbox"/> White
3 Members		14,630	29,260				<input type="checkbox"/> Black
4 Members		17,650	35,300				<input type="checkbox"/> Some other race:
More than 4 (enter # here _____)		→					(Please specify) _____
<p>1. Child Information:</p>							
Date of Birth: _____				Date for Care (if more than 2 months in advance) _____			
Week Schedule		Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Th <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/>				Full Time <input type="checkbox"/>	
Time Schedule		From: _____	To: _____	From: _____	To: _____	Part Time <input type="checkbox"/>	
School Year		Summer Only	Transportation Needed?		School Name: _____		
Does your child have a disability or special needs?				(If yes, please specify) _____			
Comments, concerns, or preferences:							
<p>2. Child Information:</p>							
Date of Birth: _____				Date for Care (if more than 2 months in advance) _____			
Week Schedule		Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Th <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/>				Full Time <input type="checkbox"/>	
Time Schedule		From: _____	To: _____	From: _____	To: _____	Part Time <input type="checkbox"/>	
School Year <input type="checkbox"/>		Summer Only <input type="checkbox"/>	Transportation Needed? <input type="checkbox"/>		School Name: _____		
Does your child have a disability or special needs?				(If yes, please specify) _____			
Comments, concerns, or preferences:							
I prefer to find child near my: Work <input type="checkbox"/> School <input type="checkbox"/> Other location (please specify) _____ Enter address below							