



Parent Intake Form

Rev. 10/13/2020

TODAY'S DATE: _____

REFERRAL PACKET:

- Infant Toddler Brochure
- Infant Toddler booklet
- Age 3 to 5 booklet
- School Age booklet
- No information sent – see comments

Referred to WIC
 Safe Sleep (SIDS) – under 1 year

REFERRAL SPECIALIST:

- A. Burns
- C. Jacobs
- D. Perricelli
- D. Striffler

DATE REFERRALS:

E-MAILED	
MAILED	
ONLINE	
OFFICE PICK-UP	
FAXED	
CALL BACK	

CLIENT ID: _____

First & Last Name: _____

Caller First & Last: _____

CALLER STATUS: *(relationship to child)*

- Mother
- Grandparent
- Foster Parent
- Shelter Worker
- Other
- Father
- Guardian
- Caseworker
- No Information

FAMILY COMPOSITION:

- Single Parent
- Foster/Guardian
- No Information
- Military Family
- Homeless/In Shelter
- CARES Client
- Two Parent
- Grandparent/Other Relative
- Immigrant/Refugee
- In Protected Location

FAMILY SIZE: _____

ADULTS IN HOUSEHOLD:

- Single Adult
- Two or More Adults

LANGUAGE:

- English
- Other Language: _____
- Spanish

COUNTY:

Niagara

CLIENT TYPE:

OCFS Contract

EMPLOYER: _____

CONTACT INFORMATION:

HOME PHONE #	
CELL PHONE #	
WORK PHONE & EXT	
E-MAIL ADDRESS	

HOME ADDRESS:

STREET	
APT. #	
CITY	
ZIP CODE	

SEARCH ADDRESS 2: *(only if different from home address)*

STREET	
APT. #	
CITY	
ZIP CODE	

MAILING ADDRESS: *(only if different from home address)*

STREET/PO BOX	
APT. #	
CITY	
ZIP CODE	

REASON FOR SEEKING:

- Employment
- Seeking Employment
- Training/Education
- Child Development
- Child Expelled from Care
- Dissatisfied w/ Current Care
- Current Provider No Longer Available
- Parent's Non-Job Related Needs
- Other
- Relocation/Move
- Expecting a child
- End Leave of Absence
- Cost Too High
- Alternate Backup Care

PREFERRED LOCATION OF CARE:

- Near Home
- Near Work/School/Training
- Near Public Transportation
- Near Child's School

PERSON'S RACE:

- White Black/African American
- Asian Am. Indian or Alaska Native
- Other Race: _____

INCOME CATEGORY:

- Below NYS 200% Poverty
- Above NYS 200% Poverty
- No Response

PRIMARY LANGUAGE SPOKEN AT HOME:

- English Spanish
- Chinese/Mandarin
- Other: _____

SUBSIDY ELIGIBLE AT COUNTY LEVEL:

- Income Eligible at County Level
- Not Income Eligible at County Level
- No Response

ELIGIBILITY STATUS:

- Receiving Subsidy Not Eligible for Subsidy
- Eligible On Subsidy Waiting List
- Eligible but no subsidy dollars available

REASON NO SUBSIDY:

- Application is too difficult
- No transportation to DSS
- Can't take off work to go to DSS
- Did not know about child care assistance
- Did not believe they were qualified
- DSS caseworkers are not responsive
- Haven't had time to apply
- Child is not born yet or too young
- Not currently working or otherwise ineligible
- Other: _____

FINANCIAL ASSISTANCE:

- Sliding Fee Scale Multi-Child discount
- Subsidy Voucher Employer Discount
- Fees Negotiable County Contract

REFERRED BY:

- Child Care Provider Local DSS
- Relative/Friend Employer
- Internet/CCR&R Website Social Media
- Former Client Regional 211/311
- Community Visibility Event Radio/TV/Billboard
- Health Care Professional
- Other Public/Private Agency

CENSUS QUESTIONS:

- Is this person Spanish/Hispanic/Latino?
- Yes No

Child's First Name: _____

Date of Birth: _____

Date Care Needed: _____

GENDER:

Male	Female
Non-Binary	No Information

TYPE OF CARE REQUESTED:

Child Care Center	Camp
Family Child Care	Preschool Program
Group Family Child Care	Other
School Age Program	

NYS APPROVED TO GIVE MEDICATIONS:

Yes	No
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SPECIAL NEEDS:

- Developmental Disability
- Autism Spectrum Disorder
- Medical Care Needs
- ADHD
- Educational Disability
- Speech or Language Impairment
- Moderately Ill Health Service
- Asthma
- On-Site Nurse
- Other

TRANSPORTATION:

- Transportation by Provider
- Walking Distance to School
- Near Public Transportation
- Transportation Provided by School District
- Elementary School: _____
- School District: _____

HOURS & DAYS OF CARE:

Monday	Saturday
Tuesday	Sunday
Wednesday	
Thursday	
Friday	

HOURS OF CARE:

Start Time: _____
 End Time: _____

ACCEPTS CHILDREN:

Full Time	Part Time
Both	

DURATION:

Full Year	Summer only
School Year only	

SCHEDULE OF CARE:

Drop-in	Before School
After School	Rotating Schedule
Open Holidays	Evening
Overnight	Mildly Ill/Sick
Snow Days	Extended Hours
Flexible Hours	Early Day/morning
Late day/evening	Weekend
Respite care	24 hour

ENVIRONMENT:

No pets	Smoke free property
No woodstove/fireplace	Fenced play area
Air conditioning	Wheelchair accessible
No pool	Peanut free
Tree nut free	

PROGRAM:

Academic	Homework/Study Time
Parent Involvement	Bi-Lingual
Inclusive/Special Education	Play Based
Child Development	Infant/Toddler
Playgroup	Continuity of Care
Preschool	Early Head Start
Kindergarten	Summer Recreation
Faith Based	Mixed Age
Universal Pre-K	Head Start
Montessori	Vacation/Holiday
High Scope	Nursery
Waldorf	

ENDORSEMENTS:

- Breastfeeding Friendly certified
- Asthma friendly
- Eco-healthy

COMMENTS:

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Thursday
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