Community Child Care Clearinghouse OF NIAGARA **Parent Intake Form**

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   D. Perricelli
C. Jacobs   D. Striffler

DATE REFERRALS:

E-mailed	
Mailed	
Online	
Office Pick-up	
Faxed	
Call Back	

CLIENT ID: _____

Client First Name: _____

Client Last Name: _____

Caller First Name: _____

Caller Last Name: _____

CALLER STATUS: *(relationship to child)*
Mother   Father
Grandparent   Guardian
Foster Parent   Caseworker
Shelter Worker   No Information
Other

FAMILY COMPOSITION:
Single Parent   Two Parent
Foster/Guardian   Grandparent/Other Relative
No Information

Military Family   Immigrant/Refugee
Homeless/In Shelter   In Protected Location
CARES Client

FAMILY SIZE: _____

ADULTS IN HOUSEHOLD:
Single Adult   Two or More Adults

LANGUAGE:
English   Spanish
Other Language: _____

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

PREFERRED LOCATION OF CARE:
    Near Home
    Near Work/School/Training
    Near Public Transportation
    Near Child's School

INCOME CATEGORY:
    Below NYS 200% Poverty
    Above NYS 200% Poverty
    No Response

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

PERSON'S RACE:
    White   Black/African American
    Asian   Am. Indian or Alaska Native
    Other Race: _____

PRIMARY LANGUAGE SPOKEN AT HOME:
    English   Spanish
    Chinese/Mandarin
    Other: _____

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

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:
_____

_____

_____

_____

_____

_____

FOLLOW-UP:

	DATE	DATE	DATE
LEFT MESSAGE			
E-MAIL			
ATTEMPTED			
COMPLETED			

Would you use our services again or refer others to us?
Yes   No   Maybe

CLIENT SATISFACTION WITH CCR&R SERVICES:
Counselor Helpful
Counselor Somewhat Helpful
Counselor Not Helpful

REFERRALS:
Referrals Helpful
Referrals Somewhat Helpful
Referrals not helpful

REFERRAL INFORMATION:
Referrals Accurate
Referrals information somewhat accurate
Referrals information not accurate

CHILD CARE SUBSIDY:
Subsidy Information helpful
Subsidy information not helpful
Subsidy information N/A

SEARCH OUTCOME:
Found Care
Care not found
Have not completed search
Kept current provider arrangements
Care no longer needed
On provider waitlist

REASON FOR CHOOSING PROVIDER:

Child Staff Ratio	Group Class Size
Family Involvement	Caregiver Education
Curriculum	Learning Environment
Child Assessment	Health & Safety
Facility Environment	Children Appeared Happy
Location	Schedule of Care
Program Accredited	Cost
Caregivers/Staff attentive to children	

TYPE OF CARE FOUND:

Child Care Center	Family
Group Family	SACC
LE Exempt	Relative/Friend
Early Head Start	Head Start
Pre-K	UPK
Nursery	Camp

PROBLEM FINDING CARE:
Cost of care too high
Cultural differences
Dissatisfied with the quality of care provided
Language barrier
Location of care
No openings for child/children
Provider not available days & hours of care needed
Provider not responsive
Special needs could not be accommodated
Subsidy not accepted
Transportation
Type of care desired not available
Other: _____
_____