

Parent Intake Form

Rev. 2/1/2024

FOLLOW-UP			
ACTION	DATE	DATE	DATE
Left Message			
E-mailed			
Texted			
COMPLETED			

E-mailed			
Texted			
COMPLETED			
TODAY'S DATE	:		
REFERRAL PAC	KET:		
Infant Toddler E	Brochure		
Infant Toddler k			
Age 3 to 5 book			
School Age boo			
No information		fo Cloop (CIDC)	
OTHER REFERRA			
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REFERRAL SPEC	CIALIST:		
		Other	
DATE REFERRA	LS:		
E-MAILE			
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DONE ONLINI	E		
OFFICE PICK-UI	Р		
FAXE)		
CALL BACI	K		
REFERRALS:			
New Client Pro	evious Client Sam	ne Otr Previou	s Client New Otr
New Cheffe 110	evious chefit san	ic qui Treviou	3 CHETT IVEW QU
METHOD OF CO	ONTACT:		
TELEPHONE	ONLINE W	/ALK-IN	
CLIENT ID:			
First & Last Na	me:		
Caller First & La	ast:		
CALLED CT. 1	_ , , , ,		

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

FAMILY COMPOSITION:

Single Parent	Two Paren
Siligle Parelli	i wo Paren

Foster/Guardian
No Information

Grandparent/Other Relative

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Military Family Homeless/In Shelter

CARES Client

Immigrant/Refugee
In Protected Location

ADULTS IN HOUSEHOLD:

Single Adult Two or More Adults

LANGUAGE:

English Spanish Other Language:

CLIENT TYPE: OCFS Contract

EMPLOYER:

CONTACT INFORMATION:

HOME PHONE #	ме Рнс	NE#
CELL PHONE #	ELL PHO	NE#
E-MAIL ADDRESS	ADE	RESS

HOME ADDRESS:

STREET	
Apt. #	
CITY & ZIP	

REASON FOR SEEKING CHILD CARE:

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 Child's School Near Public Transportation

INCOME CATEGORY:

Below 85% SMI Above 85% SMI No Response

SUBSIDY ELIGIBILITY STATUS:

Receiving Subsidy Applying for Subsidy On Subsidy Waiting List

Eligible; no subsidy dollars available

No Response

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 Radio/TV/Billboard **Health Care Professional**

Community Visibility Event Other Public/Private Agency

CENSUS QUESTIONS:

Is this person Spanish/Hispanic/Latino?

Yes No

PERSON'S RACE:

White Black/African American American Indian Asian Other Race:

PRIMARY LANGUAGE SPOKEN AT HOME:

English	Spanish	Chinese/Mandarin
Other:		

DOES YOUR FAMILY NEED ANY OTHER SERVICES SUCH AS:

Transportation	Finding/obtaining a job	Foreclosure
First time homeowners	Keeping a job	Utilities
Weatherization	Resume preparation	GED
Literacy/tutoring	Food/emergency food	WIC
Budget/financial counseling	Nutritional classes	Housing
Health/health insurance	Emergency shelter	Clothing
Medical prescriptions	Crisis Intervention	Job Training
Applying for benefits	Domestic Violence services	Training
Family development	Transitional services	Senior Services
Other:		
COMMENTS:		

Child's 1 st Name:		DURATION:			
Age: Date Care Needed:		Full Year	School Year	only	Summer only
Date Care Needed:		SCHEDULE OF CAR	RE:		
GENDER: Male Female Non	-Binary No Information	Drop-in Rotating Sch. Overnight	otating Sch. Open Holidays Evenin vernight Mildly III/Sick Snow [After School Evening Snow Days
TYPE OF CARE REQUESTED:		Extended Hours Late Day/Evening 24 Hour	Flexible Hours Weekend		Early Day/ Morn. Respite Care
Child Care Center Car Family Child Care Pre Group Child Care Oth SACC Program	eschool Program	ENVIRONMENT:		Smake f	roo proporty
NYS APPROVED TO GIVE MEDICATIONS:		No Woodstove/Fir Air Conditioning No Pool	eplace	Smoke free property Fenced Play Are Wheelchair Accessible Peanut Free	
Yes No SPECIAL NEEDS:		Tree Nut Free			
<u></u>		PROGRAM:			
Developmental Disability Medical Care Needs Educational Disability Moderately III Health On-Site Nurse TRANSPORTATION:	Autism Spectrum Disorder ADHD Speech/Lang. Impairment Asthma Other	Academic Parent Involvemer Inclusive/Special E Child Developmen Playgroup Preschool Kindergarten	ducation	Bi-Lingua Play Bas Infant/To Continui Early He Summer	ed oddler ity of Care ad Start Recreation
Transportation by Provider Near Public Transportation Transportation Provided by So Elementary School School District	Walking Distance to School chool District:	Faith Based Universal Pre-K Montessori High Scope Waldorf		Mixed A Head Sta Vacation Nursery	~
HOURS & DAYS OF CARE:		ENDORSEMENTS:			
Monday Saturda Tuesday Sunday Wednesday		Eco-healthy Breastfeeding Frie	ndly Certifie	Asthma d	Friendly
Thursday Friday		COMMENTS:			
HOURS OF CARE:					
Start Time:					
End Time:					
ACCEPTS CHILDREN:					

Full Time

Part Time

Both

Child's 1 st Na			_ <u>D</u>	URATION:			
	Age:		_ _	Full Year	School Yea	r only	Summer only
Date Care Need	ded:		_ <u>s</u>	CHEDULE OF CA	RE:		
Male Fer	male No	n-Binary No information		Drop-in Rotating Sch.	Open Holidays Evening Mildly III/Sick Snow Day		Snow Days
TYPE OF CARE RE	QUESTED:			Extended Hours Late Day/Evening	Flexible F Weekend		Early Day/ Morn. Respite Care
Child Care Center Family Child Care Group Child Care		school Program		24 Hour NVIRONMENT:			
NYS APPROVED Yes No	TO GIVE ME	DICATIONS:		No Pets No Woodstove/Fir Air Conditioning No Pool Tree Nut Free	replace	Fenced I	nair Accessible
SPECIAL NEEDS:			<u>P</u>	ROGRAM:			
Developmental D Medical Care Nee Educational Disab Moderately III He On-Site Nurse	eds pility	Autism Spectrum Disorder ADHD Speech/Lang. Impairment Asthma Other		Academic Parent Involvemer Inclusive/Special E Child Developmen Playgroup	ducation	Bi-Lingua Play Bas Infant/T Continui	ed oddler ity of Care
TRANSPORTATIO	ON:			Preschool Kindergarten			Recreation
Transportation by Near Public Trans Transportation Pr Elementary School School District	portation ovided by Sc	Walking Distance to School hool District:		Faith Based Universal Pre-K Montessori High Scope Waldorf		Mixed A Head Sta Vacation Nursery	art n/Holiday
HOURS & DAYS	OF CARE:		<u>E</u>	NDORSEMENTS:	<u>.</u>		
Monday Tuesday	Saturday Sunday	/		Eco-healthy Breastfeeding Frie	ndly Certifie	Asthma ed	Friendly
Wednesday Thursday Friday			<u>c</u>	OMMENTS:			
HOURS OF CARE	<u>i</u>		_				
Start Time:			_				
End Time:			_				
ACCEPTS CHILDR	EN:						
Full Time	Part Time	Both	_				

Child's 1 st Name			DURATION:			
Ag	e:		Full Year	School Yea	r only	Summer only
Date Care Neede	a:		SCHEDULE OF CA	ARE:		
Male Fema	ıle Non-Bir	nary No information	Drop-in Rotating Sch. Overnight	ng Sch. Open Holidays Evening ight Mildly III/Sick Snow Da		Snow Days
TYPE OF CARE REQUESTED:			Extended Hours Late Day/Evening	Flexible Hours Weekend		Early Day/ Morn. Respite Care
Child Care Center Family Child Care Group Child Care SACC Program	Camp Preschoo Other	ol Program	24 Hour ENVIRONMENT:			
NYS APPROVED TO Yes No	GIVE MEDICA	ATIONS:	No Pets No Woodstove/Fi Air Conditioning No Pool Tree Nut Free	replace	Fenced	free property Play Are hair Accessible Free
SPECIAL NEEDS:			PROGRAM:			
Developmental Disa Medical Care Needs Educational Disabilit Moderately III Healt On-Site Nurse	ADH ty Spec	ech/Lang. Impairment Ima	Academic Parent Involveme Inclusive/Special I Child Developmer Playgroup	Education	Bi-Lingu Play Ba Infant/ ⁻ Continu	sed Foddler uity of Care
TRANSPORTATION	<u>:</u>		Preschool Kindergarten Faith Based		-	ead Start r Recreation
Transportation by P Near Public Transpo Transportation Prov Elementary School School District	ortation	king Distance to School District:	Universal Pre-K Montessori High Scope Waldorf		Head St	tart n/Holiday
HOURS & DAYS OF	CARF:		ENDORSEMENTS	<u>:</u>		
Monday Tuesday Wednesday	Saturday Sunday		Eco-healthy Breastfeeding Frie	endly Certifi		Friendly
Thursday Friday			COMMENTS:			
HOURS OF CARE:						
Start Time:		_				
End Time:		_				
ACCEPTS CHILDREN	<u>۱:</u>					
Full Time	Part Time	Both				

Child's 1 st Na Date of B				DURATION:			
Date Care Nee				Full Year	School Yea	r only	Summer only
GENDER:				SCHEDULE OF CAR	RE:		
Male Fe	male No	on-Binary	No information	Drop-in Rotating Sch.	Before So Open Ho		After School Evening
TYPE OF CARE R	EQUESTED:			Overnight Extended Hours	Mildly III,	Hours	Snow Days Early Day/ Morn.
Child Care Center Family Child Care	e Pre	school Prog	ram	Late Day/Evening 24 Hour	Weekend	1	Respite Care
Group Child Care SACC Program	e Oth	ner		ENVIRONMENT:			
NYS APPROVED Yes No SPECIAL NEEDS:	TO GIVE ME	EDICATION	<u>S:</u>	No Pets No Woodstove/Fir Air Conditioning No Pool Tree Nut Free	eplace	Fenced	free property Play Are :hair Accessible Free
			. 5: 1	PROGRAM:			
Developmental D Medical Care New Educational Disal Moderately III He On-Site Nurse	eds bility	ADHD	ectrum Disorder ng. Impairment	Academic Parent Involvemer Inclusive/Special E Child Developmen	ducation	Homew Bi-Lingu Play Ba Infant/	sed
TRANSPORTATIO	ON:			Playgroup Preschool		Early H	uity of Care ead Start
Transportation b Near Public Trans Transportation P Elementary Scho School District	sportation rovided by So		istance to School t:	Kindergarten Faith Based Universal Pre-K Montessori High Scope Waldorf		Mixed A	tart n/Holiday
HOURS & DAYS	OF CARE:			ENDORSEMENTS:			
Monday Tuesday Wednesday Thursday	Saturda Sunday	У		Eco-healthy Breastfeeding Frie	ndly Certifi		n Friendly
Friday				COMMENTS:			
HOURS OF CARE	<u>:</u>						
Start Time:							
End Time:							
ACCEPTS CHILDE	REN:						
Full Time	Part Time	2	Both				

FOLLOW-UP:

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 somewhat accurate
Referrals not accurate

CHILD CARE SUBSIDY:

Subsidy information helpful				
Subsidy information not helpful				
Subsidy information N/A				

SEARCH OUTCOME:

Found Care
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 Ctr	Family	Group
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 w 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:

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