



# Parent Intake Form

Rev. 2/1/2024

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

**TODAY'S DATE:** \_\_\_\_\_

### REFERRAL PACKET:

- Infant Toddler Brochure
- Infant Toddler booklet
- Age 3 to 5 booklet
- School Age booklet
- No information sent
- OTHER REFERRALS: WIC Safe Sleep (SIDS)
- Child under 8 months (Mail baby packet)

### REFERRAL SPECIALIST:

A. Burns E. Springer Other \_\_\_\_\_

### DATE REFERRALS:

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

### REFERRALS:

New Client Previous Client Same Qtr Previous Client New Qtr

### METHOD OF CONTACT:

TELEPHONE ONLINE WALK-IN

**CLIENT ID:** \_\_\_\_\_

**First & Last Name:** \_\_\_\_\_

**Caller First & Last:** \_\_\_\_\_

### CALLER STATUS: *(relationship to child)*

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

### FAMILY COMPOSITION:

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

**FAMILY SIZE:** \_\_\_\_\_

### ADULTS IN HOUSEHOLD:

- Single Adult
- Two or More Adults

### LANGUAGE:

- English
- Other Language: \_\_\_\_\_
- Spanish

**CLIENT TYPE:** OCFS Contract

**EMPLOYER:** \_\_\_\_\_

### CONTACT INFORMATION:

HOME PHONE #	
CELL PHONE #	
E-MAIL ADDRESS	

### HOME ADDRESS:

STREET	
APT. #	
CITY & ZIP	

### REASON FOR SEEKING CHILD CARE:

- 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 Child's School
- Near Work, School, Training
- 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:**

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Child's 1<sup>st</sup> Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Age: \_\_\_\_\_  
Date Care Needed: \_\_\_\_\_

**DURATION:**

Full Year                  School Year only                  Summer only

**GENDER:**

Male                  Female                  Non-Binary                  No Information

**SCHEDULE OF CARE:**

Drop-in	Before School	After School
Rotating Sch.	Open Holidays	Evening
Overnight	Mildly Ill/Sick	Snow Days
Extended Hours	Flexible Hours	Early Day/ Morn.
Late Day/Evening	Weekend	Respite Care
24 Hour		

**TYPE OF CARE REQUESTED:**

Child Care Center                  Camp  
Family Child Care                  Preschool Program  
Group Child Care                  Other  
SACC Program

**ENVIRONMENT:**

No Pets	Smoke free property
No Woodstove/Fireplace	Fenced Play Are
Air Conditioning	Wheelchair Accessible
No Pool	Peanut Free
Tree Nut Free	

**NYS APPROVED TO GIVE MEDICATIONS:**

Yes                  No

**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	

**SPECIAL NEEDS:**

Developmental Disability	Autism Spectrum Disorder
Medical Care Needs	ADHD
Educational Disability	Speech/Lang. Impairment
Moderately Ill Health	Asthma
On-Site Nurse	Other

**ENDORSEMENTS:**

Eco-healthy                  Asthma Friendly  
Breastfeeding Friendly Certified

**TRANSPORTATION:**

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

**COMMENTS:**

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**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

Child's 1<sup>st</sup> Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
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End Time: \_\_\_\_\_

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**FOLLOW-UP:**

**Would you use our services again or refer others to us?**

Yes	No	Maybe
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**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:

**COMMENTS:**
