

**Child Care Aware® of Steuben and Schuyler  
Referral Request Form**

**GENERAL**

*To request a free child care referral please fill out this form and either email back to [smithm@proactioninc.org](mailto:smithm@proactioninc.org) or print and mail to our office: Child Care Aware® of Steuben and Schuyler, 117 E. Steuben Street, Bath NY 14810*

Most parents are not aware of the various types of care available. By entering the parent’s criteria into our database the counselor can search for matching child care services. Educational materials will be sent to the parent matching the criteria given to the counselor. Child Care Aware® does not make recommendations or guarantee the quality of any program listed in our referral database. It is important that parents complete the steps found in “Guide to Choosing Quality Child Care” (under “Parents” dropdown box on the website) to choose a quality child care program that meets their needs.

Child Care Aware® staff will adhere to confidentiality. All client data is safeguarded at all times and kept private. The information is only for use in providing our CCR&R services and statistical information to our funder.

If you need any assistance completing this form, please contact Jeannie at 607-776-2126 x236 Monday – Friday, 8:30 a.m. – 4:30 p.m.

**General Information**

First Name

Last Name

**Address** (parent)

Street Address

Unit #

City  State

Zip Code  +4

- Family Composition**
- Single Parent
  - Two Parent
  - Foster/Guardian
  - Other
  - No Information \_\_\_\_\_

- Teen Parent
- Grandparent/Other Relative

**Mailing** (if different than above)

Street Address

Unit #

City  State

Zip Code  +4

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**Contact Information**

**Home Phone**           **Work Phone**      ext.

**Cell Phone**           **Fax**   

**Email Address**   

*Please supply 2 phone numbers, if possible and email address*

**Parent Information**

**Employer** \_\_\_\_\_

**Other Employer** \_\_\_\_\_

**Number of children:** \_\_\_\_\_      **Financial Assistance?**  Yes     No  
*(On Cash Public Assistance?)*

**Location of Care Desired**

Near Home                       Near Work/School/Training       Near Child's School

Near Public Transportation

**Child General Information**

**Name 1** \_\_\_\_\_ **Birthdate** \_\_\_\_\_

**Gender:**     Male                       Female

**Name 2** \_\_\_\_\_ **Birthdate** \_\_\_\_\_

**Gender:**     Male                       Female

**Name 3** \_\_\_\_\_ **Birthdate** \_\_\_\_\_

**Gender:**     Male                       Female

**Name 4** \_\_\_\_\_ **Birthdate** \_\_\_\_\_

**Gender:**     Male                       Female

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**Date Care Needed:** \_\_\_\_\_ **Age(s) Care Needed:**\_\_\_\_\_

**Care Needed:**            Full Time            Part Time            Both

**Care Needed:**        Full Year            School Year            Summer Only

**Days Care Needed**

<b>Day</b>	<b>Start Time</b>	<b>End Time</b>	<b>Day</b>	<b>Start Time</b>	<b>End Time</b>
<input type="checkbox"/> Monday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Monday	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Tuesday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Tuesday	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Wednesday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Wednesday	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Thursday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Thursday	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Friday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Friday	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Saturday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Saturday	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Sunday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Sunday	<input type="text"/>	<input type="text"/>

**Extra Care Services**

- Drop In            24-Hour                                                    Before School  
 After School      Rotating                                                    Temp/Emergency

**Type of Care**    (See Types of Care Explanation on the Website)

- Child Care Center        Family Child Care                            Preschool Program  
 School Age Program      (FCC)Group Family Care

**Environment**

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- |                                     |                                       |                                           |
|-------------------------------------|---------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Smoke Free | <input type="checkbox"/> Smoking      | <input type="checkbox"/> Pets             |
| <input type="checkbox"/> No Pets    | <input type="checkbox"/> Pool         | <input type="checkbox"/> Fenced Pool      |
| <input type="checkbox"/> Computer   | <input type="checkbox"/> Outdoor Play | <input type="checkbox"/> Fenced Play Area |
| <input type="checkbox"/> Wood Stove | <input type="checkbox"/> Fireplace    | <input type="checkbox"/> Gym              |

**Languages (Check the language(s) you want the provider to accommodate)**

- |                                             |                                              |                                                 |
|---------------------------------------------|----------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> English            | <input type="checkbox"/> Spanish             | <input type="checkbox"/> American Sign Language |
| <input type="checkbox"/> Chinese (Mandarin) | <input type="checkbox"/> Chinese (Cantonese) | <input type="checkbox"/> Creole                 |
| <input type="checkbox"/> German             | <input type="checkbox"/> Russian             |                                                 |

**Special Needs (Check if you need your provider to accommodate any of the following for your child(ren))**

- |                                                        |                                                 |                                               |
|--------------------------------------------------------|-------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Developmental Disability      | <input type="checkbox"/> Educational Disability | <input type="checkbox"/> Medical Care Needs   |
| <input type="checkbox"/> Wheelchair Access             | <input type="checkbox"/> Special Diet           | <input type="checkbox"/> Sign Language        |
| <input type="checkbox"/> Moderately Ill/Health Service | <input type="checkbox"/> Transportation         | <input type="checkbox"/> Inclusive/Integrated |
| <input type="checkbox"/> No Special Needs              |                                                 |                                               |
| <input type="checkbox"/> Itinerant                     | <input type="checkbox"/> Gifted                 | <input type="checkbox"/> Other (See Comments) |

**Medication – MAT (Check if you need your provider to administer medications)**

- |                                                           |                                                               |                                         |
|-----------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> NYS Approved to Give Medications | <input type="checkbox"/> Not NYS Approved to Give Medications | <input type="checkbox"/> Not Applicable |
|-----------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------|

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**Program** (Specify what type of program for your child(ren))

- |                                                       |                                                      |                                            |
|-------------------------------------------------------|------------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Universal Pre-K/Pre-K        | <input type="checkbox"/> Nursery School              | <input type="checkbox"/> Playgroup         |
| <input type="checkbox"/> Kindergarten                 | <input type="checkbox"/> Head Start/Early Head Start | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Vacation/Holiday             | <input type="checkbox"/> Special Interest            | <input type="checkbox"/> Summer Recreation |
| <input type="checkbox"/> SACC (School Age Child Care) |                                                      |                                            |

**Additional Care Services** (Check if you need care for any of the following)

- |                                                            |                                             |                                                  |
|------------------------------------------------------------|---------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Evening                           | <input type="checkbox"/> Overnight          | <input type="checkbox"/> Weekend Mildly Ill/Sick |
| <input type="checkbox"/> Snow Days                         | <input type="checkbox"/> Respite Care       | <input type="checkbox"/> Flexible Hours          |
| <input type="checkbox"/> Breast Feeding Friendly Certified | <input type="checkbox"/> Late Day/Afternoon | <input type="checkbox"/> Early Day/Morning       |
| <input type="checkbox"/> Part Week                         | <input type="checkbox"/> Weekend            | <input type="checkbox"/> N/A                     |
| <input type="checkbox"/> Extended Hours                    |                                             |                                                  |

**Special Diet**

- |                                                      |                                       |                                       |
|------------------------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Vegetarian                  | <input type="checkbox"/> Vegan        | <input type="checkbox"/> Kosher Style |
| <input type="checkbox"/> Diabetic                    | <input type="checkbox"/> Lactose Free | <input type="checkbox"/> Gluten Free  |
| <input type="checkbox"/> Food Allergy (see comments) |                                       |                                       |

**Elementary School** (Identify what school child will be attending if eligible)

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**Transportation** (Identify if you need your provider to accommodate any of the following)

- Transportation provided     Walking distance to school     Near Public Transportation  
 Transportation provided by school district

**Statistics General**

Parent's Birthdate: \_\_\_\_\_

Family Size: \_\_\_\_\_

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**Relation to Children:**

- Father     Mother     Grandparent     Guardian     Foster Parent  
 Case Worker

**Employment Status:**

- Employed     Seeking Employment     At Home     Student  
 End Leave of Absence

**Adults:**

- Single Adult                       Two or more adults

**Income Category (Check the line below based on your family size if your income is above or below the amount indicated)**

<u>Family Size</u>	<u>Income</u> (State guidelines)
1	\$22,980
2	\$31,020
3	\$39,060
4	\$47,100
5	\$55,140
6	\$63,180
7	\$71,220
8	\$79,260

\_\_\_\_\_ Above

\_\_\_\_\_ Below

**Child Health:**

- Send information on Child Health Plus     Other \_\_\_\_\_  
 Currently covered on health insurance?    \_\_\_ Yes    \_\_\_ No

**Referred by:**

- |                                              |                                                        |                                              |
|----------------------------------------------|--------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Child Care Provider | <input type="checkbox"/> Department of Social Services | <input type="checkbox"/> Other Public Agency |
| <input type="checkbox"/> Private Agency/CBO  | <input type="checkbox"/> Relative/Friend               | <input type="checkbox"/> Employer            |
| <input type="checkbox"/> Phone Book          | <input type="checkbox"/> Media/Newspaper               | <input type="checkbox"/> Internet            |
| <input type="checkbox"/> SCCP Website        | <input type="checkbox"/> Former Client                 | <input type="checkbox"/> Regional 211        |
| <input type="checkbox"/> Other               | <input type="checkbox"/> Time Warner Cable             | <input type="checkbox"/> Billboard           |

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**Reason for Seeking Care**

- |                                               |                                                               |                                        |
|-----------------------------------------------|---------------------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> End Leave of Absence | <input type="checkbox"/> Seeking Employment                   | <input type="checkbox"/> Employment    |
| <input type="checkbox"/> Training/Education   | <input type="checkbox"/> Current Provider No Longer Available | <input type="checkbox"/> Child's Needs |
| <input type="checkbox"/> Parent's Needs       | <input type="checkbox"/> Dissatisfied with Care               | <input type="checkbox"/> Other         |
| <input type="checkbox"/> No Data              | <input type="checkbox"/> Time Warner Cable                    | <input type="checkbox"/> Billboard     |

**Statistical Information** (optional – this data is used for statistical information only)

Are you Spanish/Hispanic/Latino? \_\_\_\_\_

What is your race? \_\_\_\_\_

What is your ancestry or ethnic origin? (I.e. Italian, African Am., etc.) \_\_\_\_\_

Do you speak a language other than English at home? \_\_\_\_\_

If yes, what language? \_\_\_\_\_

How well do you speak English? \_\_\_\_\_

All client data is safeguarded at all times and kept private.

In approximately a week you will receive a follow up phone call to see how your search is going and also allow you to evaluate the services Child Care Aware® provided to you.

***Thank you for choosing Child Care Aware® to assist you in finding a child care provider.***

For more information concerning any child care program that may be of interest, please visit [www.ocfs.state.ny.us](http://www.ocfs.state.ny.us) or call the Office of Children and Family Services at (585)238-8531.