GENERAL

To request a free child care referral please fill out this form and either email back to 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 your criteria into our database, the counselor can search for matching child care services. Educational materials will be sent to you matching the criteria given to the counselor. Child Care Aware® of Steuben and Schuyler does not make recommendations or guarantee the quality of any program listed in our referral database. It is important that you complete the steps found in “Guide to Choosing Quality Child Care” (under “Parents” dropdown box on the website) to assist in choosing a quality child care program that can meet your needs.

Child Care Aware® of Steuben and Schuyler staff will adhere to confidentiality. All client data is always safeguarded and kept private. The information is only for use in providing our services and statistical information to our funder.

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

Date of Request: ________________

General Information
First Name: ________________  Last Name: ________________
Caller First Name: ________________  Caller Last Name: ________________

Location
Street Address: ___________________________  Unit #: __________
City: __________  State: _______  Zip Code: __________

Family Composition
☐ Single Parent  ☐ Two Parent  ☐ Teen Parent
☐ Foster/Guardian  ☐ Homeless/In-Shelter  ☐ No Information
☐ Grandparent/Other Relative  ☐ Other __________

Mailing (If different than above)
Street Address: ___________________________  Unit #: __________
City: __________  State: _______  Zip Code: __________

Contact Information
Home Phone: ________________  Work Phone: ________________
Cell Phone: ________________  Fax: ________________
E-mail Address: ________________
Client Information
Employer: ____________________________
Second Employer: ______________________

Case Type
☐ Referral  ☐ Consultation

Client Status
☐ New Client
☐ Previous Client (Same Quarter)
☐ Previous Client- New Case (New Quarter)

Client Type = OCFS Contract

Number of Children ________  Financial Assistance (PA or TA)
☐ Yes  ☐ No

Quarter ________

Location of Care
☐ Near Home  ☐ Near Work/School/Training
☐ Near Child’s School
☐ Near Public Transportation  ☐ In own Home
Child General Information

<table>
<thead>
<tr>
<th>Name 1</th>
<th>Birthdate</th>
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<tbody>
<tr>
<td>Gender: □ Male</td>
<td>□ Female</td>
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<table>
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<tr>
<th>Name 2</th>
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<table>
<thead>
<tr>
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<th>Birthdate</th>
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</thead>
<tbody>
<tr>
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<td>□ Female</td>
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<table>
<thead>
<tr>
<th>Name 4</th>
<th>Birthdate</th>
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</thead>
<tbody>
<tr>
<td>Gender: □ Male</td>
<td>□ Female</td>
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Date Care Needed: ______________

**Schedule Time Needed**
- □ Full Time
- □ Part Time
- □ Both

**Year Calendar**
- □ Full Year
- □ School Year
- □ Summer Only

**Days Care Needed**

<table>
<thead>
<tr>
<th>Day</th>
<th>Start Time</th>
<th>End Time</th>
<th>Day</th>
<th>Start Time</th>
<th>End Time</th>
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<tbody>
<tr>
<td>Monday</td>
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Extra Care Services
☐ Drop In ☐ 24-Hour ☐ Before School
☐ After School ☐ Rotating ☐ Temp/Emergency
☐ Sick Care

Type of Care
☐ Child Care Center ☐ Family Child Care ☐ Pre-School Program
☐ School Age Program ☐ (FCC) Group Family Care ☐ Camp

Environment
☐ Smoke Free ☐ Pets ☐ No Pets ☐ Pool ☐ Fenced Pool
☐ Computer ☐ Gym ☐ Fireplace ☐ Wood Stove ☐ Outdoor Play
☐ Fenced Play Area

Languages
☐ English ☐ Spanish ☐ American Sign Language
☐ Chinese (Mandarin) ☐ Chinese (Cantonese) ☐ Creole
☐ German ☐ Russian

Special and Medical Needs
☐ ADHD ☐ Asthma ☐ Diabetes
☐ Behavioral/Emotional ☐ Cerebral Palsy ☐ Down Syndrome
☐ Deafness/Hearing Impaired ☐ Developmental Disability ☐ Sign Language
☐ Educational Disability ☐ Intellectual Disability ☐ Medical Care Needs
☐ Orthopedic Impairment ☐ Seizure Disorder ☐ Special Diet
☐ Visiting Specialist ☐ Speech or Language Impairment
☐ Traumatic Brain Injury ☐ Visual Impairment ☐ Wheelchair Access
☐ No Special Needs ☐ Other (See Comments) ☐ Autism
☐ Moderately Ill/Health Service
Medication - MAT

☐ NYS Approved to Give Medication  ☐ No Preference

Program
☐ Faith Based  ☐ Head Start  ☐ Inclusive/Special Education
☐ Kindergarten  ☐ Playgroup  ☐ Pre-K/Preschool
☐ Montessori  ☐ Nursery School  ☐ SACC (School Age Child Care)
☐ Special Interest  ☐ Summer Recreation  ☐ Universal Pre-K
☐ Early Head Start  ☐ Vacation/Holiday  ☐ Gifted
☐ N/A

Additional Care Services
☐ Early Day/Morning  ☐ Evening  ☐ Extended Hours  ☐ Flexible Hours
☐ Late Day/Afternoon  ☐ Overnight  ☐ Part Week  ☐ Mildly Ill/Sick
☐ Respite Care  ☐ Snow Days  ☐ Weekend  ☐ N/A

Special Diet
☐ Vegetarian  ☐ Vegan  ☐ Kosher Style  ☐ Diabetic  ☐ Lactose Free
☐ Gluten Free  ☐ Peanut Allergy/Nut Allergy  ☐ Organic
☐ Food Allergy (See Comments)

Comments:
Elementary School Child(ren) Attends

Transportation
☐ Transportation Provided    ☐ Walking Distance to School
☐ Near Public Transportation ☐ Transportation Provided by School District

STATISTICS

General
Client’s Birthday: _____________    Family Size: ____________

Relation to Child(ren)
☐ Father    ☐ Mother    ☐ Grandparent
☐ Guardian  ☐ Foster Parent    ☐ Case Worker

Employment Status
☐ Employed    ☐ Seeking Employment    ☐ At Home
☐ Student    ☐ End of Leave of Absence

Adults
☐ Single Adults    ☐ Two or More Adults
Income Guidelines - Federal Poverty Guideline Chart
Effective 6/1/19-5/31-20

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Monthly Income</th>
<th>Annual Income</th>
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<tbody>
<tr>
<td>1</td>
<td>$2,082</td>
<td>$24,980</td>
</tr>
<tr>
<td>2</td>
<td>$2,818</td>
<td>$33,820</td>
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<tr>
<td>3</td>
<td>$3,555</td>
<td>$42,660</td>
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<td>4</td>
<td>$4,292</td>
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<td>5</td>
<td>$5,028</td>
<td>$60,340</td>
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<td>6</td>
<td>$5,765</td>
<td>$69,180</td>
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<td>7</td>
<td>$6,502</td>
<td>$78,020</td>
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<tr>
<td>8</td>
<td>$7,238</td>
<td>$86,860</td>
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</table>

Income Category - Refer to Income Guidelines
☐ Above 200% Federal Poverty Rate  ☐ Below 200 % Federal Poverty Rate

Child Health Insurance
☐ Child Health Plus  ☐ Medicaid/Fidelis  ☐ Other_____________________
Reason for Seeking Care
☐ Child’s Development
☐ Employment
☐ Dissatisfied with Current Provider
☐ Parent’s Non-Job-Related Needs
☐ Seeking Employment
☐ Training/Education
☐ Current Provider no Longer Available
☐ End of Leave of Absence
☐ Expecting a Child
☐ Relocation/Move
☐ Child Expelled from Care

Statistical Questions
Is this person Hispanic/Spanish/Latino? ________________
What is the person’s race? ________________
What is this person’s ancestry or ethnic origin? (i.e. Italian, African American, etc.) ________________
Does this person speak a language other than English at home? ________________
If yes, what language? ________________
How well does this person speak English? ________________

All client data is always safeguarded and kept private.

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

Thank you for choosing Child Care Aware® of Steuben and Schuyler 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 or call the Office of Children and Family Services at (585) 238-8531.