



## 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 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.

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 x2114 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

**Number of Children** \_\_\_\_\_

**Financial Assistance** (PA or TA)

Yes

No

**Location of Care**

Near Home

Near Work/School/Training

Near Child's School

Near Public Transportation

In own Home





**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

**Date Care Needed:** \_\_\_\_\_

**Schedule Time Needed**        Full Time                    Part Time                    Both

**Year Calendar:**                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>
Monday	_____	_____	Monday	_____	_____
Tuesday	_____	_____	Tuesday	_____	_____
Wednesday	_____	_____	Wednesday	_____	_____
Thursday	_____	_____	Thursday	_____	_____
Friday	_____	_____	Friday	_____	_____
Saturday	_____	_____	Saturday	_____	_____
Sunday	_____	_____	Sunday	_____	_____





**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**

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

**Additional Care Services**

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

**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"/> Peanut Allergy/Nut Allergy | <input type="checkbox"/> Organic      |                                   |                                       |
| <input type="checkbox"/> Food Allergy (See Comments) |   |                                       |                                   |                                       |

**Comments:**





**Elementary School Child(ren) Attends**

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**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 6/1/21-5/31-22

<u>Family Size</u>	<u>Monthly Income</u>	<u>Annual Income</u>
1	\$2,146	\$25,760
2	\$2,903	\$34,840
3	\$3,660	\$43,920
4	\$4,416	\$53,000
5	\$5,173	\$62,080
6	\$5,930	\$71,160
7	\$6,686	\$80,240
8	\$7,443	\$89,320

**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 \_\_\_\_\_

**Referred by**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Internet/CCR&R Website     | <input type="checkbox"/> Child Care Provider | <input type="checkbox"/> Employer                 |
| <input type="checkbox"/> Former Client              | <input type="checkbox"/> DSS                 | <input type="checkbox"/> Social Media             |
| <input type="checkbox"/> Another Public Agency      | <input type="checkbox"/> Private Agency/CBO  |   |
| <input type="checkbox"/> Regional 211               | <input type="checkbox"/> Relative/Friend     |   |
| <input type="checkbox"/> Community Visibility Event | <input type="checkbox"/> FDC Brochure        | <input type="checkbox"/> Health Care Professional |







**Reason for Seeking Care**

- |  |   |
|--|---|
| <input type="checkbox"/> Child's Development               | <input type="checkbox"/> Current Provider no Longer Available |
| <input type="checkbox"/> Employment                        | <input type="checkbox"/> End of Leave of Absence              |
| <input type="checkbox"/> Dissatisfied with Current Provide | <input type="checkbox"/> Expecting a Child                    |
| <input type="checkbox"/> Parent's Non-Job-Related Needs    | <input type="checkbox"/> Relocation/Move                      |
| <input type="checkbox"/> Seeking Employment                | <input type="checkbox"/> Child Expelled from Care             |
| <input type="checkbox"/> Training/Education                |   |

**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](http://www.ocfs.state.ny.us) or call the Office of Children and Family Services at (585) 238-8531.

