



# Request for a Referral List of Child Care Providers

## **Income Information**

*(Please check the appropriate box that most accurately reflects your family size and income. This information will be used for statistical purposes only.)*

Family Size	Is your income under?	Is your income under?	Is your income under?	Is your income under?	Is your income over?
2	<input type="checkbox"/> \$29,140	<input type="checkbox"/> \$43,713	<input type="checkbox"/> \$50,995	<input type="checkbox"/> \$58,280	<input type="checkbox"/> \$58,280↑
3	<input type="checkbox"/> \$36,620	<input type="checkbox"/> \$54,930	<input type="checkbox"/> \$64,085	<input type="checkbox"/> \$73,240	<input type="checkbox"/> \$73,240↑
4	<input type="checkbox"/> \$44,100	<input type="checkbox"/> \$66,150	<input type="checkbox"/> \$77,175	<input type="checkbox"/> \$88,200	<input type="checkbox"/> \$88,200↑
5	<input type="checkbox"/> \$51,580	<input type="checkbox"/> \$77,370	<input type="checkbox"/> \$90,265	<input type="checkbox"/> \$103,160	<input type="checkbox"/> \$103,160↑
6	<input type="checkbox"/> \$59,060	<input type="checkbox"/> \$88,590	<input type="checkbox"/> \$103,355	<input type="checkbox"/> \$118,120	<input type="checkbox"/> \$118,120↑
7	<input type="checkbox"/> \$66,540	<input type="checkbox"/> \$99,810	<input type="checkbox"/> \$116,445	<input type="checkbox"/> \$133,080	<input type="checkbox"/> \$133,080↑
8	<input type="checkbox"/> \$74,020	<input type="checkbox"/> \$111,030	<input type="checkbox"/> \$129,535	<input type="checkbox"/> \$148,040	<input type="checkbox"/> 148,040↑

## **Military Status (Please check one):**

- Not in Military-Neither you or any members of your family in the same household are in the United States Military.
- Active Duty-You or a member of your family in the same household is in the United States Military on Active Duty.
- Reserves- You or member of your family in the same household is in the Reserves.
- Veteran- You or member of your family in the same household is veteran of the United States Military.

## **Child Care Assistance (Please check all that apply):**

- Do you have a current approval through the Child Care Assistance Program? *(This is the program at the YWCA that helps pay for some of the cost of day care.)*
- Have you submitted, or do you plan to submit, an application for the Child Care Assistance Program?
- DCFS Voucher *(Foster Parent)*

## **Referral Delivery Method (Please check one):**

- Please mail my list
- Please e-mail my list (If you are receiving a list for the first time, we will also mail you a hard copy.)
- Please fax my list (Fax number: \_\_\_\_\_)
- I will pick up my list at the YWCA (Please check with the receptionist about available pick up times)

## **Parent/Guardian Information**

Parent's First Name: \_\_\_\_\_ Last: \_\_\_\_\_  
 Address: \_\_\_\_\_ Apt/Unit Number: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Partner's Employer: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

Family Size: \_\_\_\_\_ *(This is the number of people in the family including parents, children, and expected children.)*

Adults in the household:    A.  One Parents    B.  Two Parents    C.  Guardian    D.  Foster Parent

Relationship to the children: A.  Mother      B.  Father      C.  Relative      D.  Other

Please check one:  A. I am 20 years old or over       B. I am under 20 years old

**Child/Children's Information**

(If you have more than one child, please begin by listing the oldest child who needs care first.)

Child's First Name	Date of Birth	Current Age	Gender
1.			
2.			
3.			
4.			
5.			

Does your child have any special needs or allergies? (Please check one)  A. Yes     B. No

If yes, please describe: \_\_\_\_\_

Please circle the days of the week that you need care: **Su M T W Th F Sa**    Date you need care to begin: \_\_\_\_\_

Earliest time you would drop off your child (**please do not list "varies", we must have an actual time**): \_\_\_\_\_

Latest time you would pick up your child (**please do not list "varies", we must have an actual time**): \_\_\_\_\_

Schedule: (any care over 35 hours a week is considered full-time)     Full-time Care     Part-time Care     Temporary Care

Preferred type of care:     Centers     Family Day Care Homes     Pre-Schools     School Age Care

**Location of Care (Please check all that apply):**

*Option 1-Zip Code Search (care will be searched for by zip code)*

Near Home-Please list zip code(s) \_\_\_\_\_       Near Work-Please list zip code(s) \_\_\_\_\_

Near School-Please list zip codes(s) \_\_\_\_\_       Other Applicable Zip Codes \_\_\_\_\_

*Option 2- Radius Search (care will be searched for within a 1-3 mile radius of the address listed below)*

Address: \_\_\_\_\_

Apt/Unit Number: \_\_\_\_\_      City: \_\_\_\_\_      Zip Code: \_\_\_\_\_

**Language/s that the provider needs to be able to speak (Please check all that apply):**

English     Spanish     Other (Please list): \_\_\_\_\_

**Referred By (Check all that apply):**

411/White Pages       Yellow Pages       Internet       Child Care Provider

Relative/Friend       Prof./Prvt. Agency       Previous User       Paid Advertisement

Public Agency       Subsidy Unit       Free Publicity       Other

**Reasons for Child Care (Check all that apply):**

Employment       Job Travel       Job Schedule Change       Special Needs

School/Training       Provider Quit       No Provider       Child Needs

Relocation       Parent Needs       Extended Work Hours       Dissatisfied

**Census Bureau Statistics (Optional)**

**Parent/Guardian Race:**

White       Black/African American       American Indian/Alaska Native       Hispanic/Latino

Chinese       Native Hawaiian       Guamanian or Chamorro       Japanese

Vietnamese       Samoan       Other Pacific Islander: \_\_\_\_\_       Filipino

Samoan       Other (Please List): \_\_\_\_\_

**Language**

Do you speak a language other than English in the home? (if yes, please list): \_\_\_\_\_

**For office use only:**    Date: \_\_\_\_\_    Client Id: \_\_\_\_\_    R. Specialist: \_\_\_\_\_