



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.)

Table with 4 columns: Child's First Name, Date of Birth, Current Age, Gender. Rows 1-5.

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

Contacted By: _____ Contact Date: _____ Reached Client/Left Message/No Answer/Sent Letter via Mail Referral
Packet Sent By: _____ Date Sent: _____ Sent Via: Email/Mail/Pick-Up
of Referrals Sent: _____ (if under 3 referrals, please indicate reason): _____
Materials Sent: _____