



**Child and Family Resources, Inc.
Client Data Entry (Intake)**



GENERAL

To request a free child care referral please fill out this form and either email back to cfr.info@cfresources.org or print and mail to our office:

Child and Family Resources, Inc. , 115 Fall Street, Seneca Falls, NY 13148

Choosing quality care for your child is important. Child and Family Resources can assist you with that process by providing you with potentially suitable providers to meet the needs of your family. Our agency offers information on how to find quality child care at **No Cost** to you.

All client data is safeguarded at all times. The information that was gathered from you is **confidential** and used for referral and statistical purposes only.

The names listed are intended as referrals only. Child and Family Resources, Inc. does not recommend or endorse any program or caregiver. Programs listed were selected using the criteria supplied by you. The responsibility for making child care arrangements for your child must be yours. Our agency conducts vacancy checks on a quarterly basis; however, due to the changing nature we do not guarantee that these programs have vacancies at the time of your call or inquiry.

Safe and positive child care sets the stage for the healthy growth and development of your child. There are many different types of care available, from family providers offering child care in their homes, to facility based childcare. **We are here to help make your search for care easier** with customized referrals, information on programs that help with the cost of child care, and interview assistance.

It is important that parents complete the steps found in “Parent Resources for Child Care” checklist, (click on “Interview Assistance” on the “Looking for Child Care Page” or under “Documents and Printable for Parents” on the website) to help with your choice of a quality child care program that meets their needs.

If you need any assistance completing this form, please contact our Referral Specialist at (800) 881-5786, Monday – Friday, 9:00 a.m. – 4:30 p.m.

General

Date of Request: _____

General Information

First Name: _____

Last Name: _____

Address (parent)

Street Address: _____

Unit #: _____

City: _____ State: _____ Zip Code: _____ +4: _____

Family Composition

Single Parent Two Parent Teen Parent
Foster/Guardian Grandparents/Other

Mailing (if different than above)

Street Address: _____ Unit #: _____
City: _____ State: _____ Zip Code: _____ +4: _____

Contact Information

Home Phone: _____ Work Phone ext.: _____
Cell Phone: _____ Fax: _____
Email Address: _____

Parent Information

Employer: _____
Other Employer: _____

Client Status

New Client Previous Client Prev. Client-New Case

Number of children: _____

Location of Care

Near Home Near Work/School/Training Near Child's School
Near Public Transportation In Own Home

Child General Information

Name 1: _____ **Birth date:** _____
Gender: Male Female
Name 2: _____ **Birth date:** _____
Gender: Male Female
Name 3: _____ **Birth date:** _____
Gender: Male Female

Name 4: _____ Birth date: _____

Gender: Male Female

Date Care Needed: _____ Age Care Needed: _____

Care Needed (check all that apply)

Full Time Part Time Both
Full Year School Year Summer Only

Days Care Needed

Day	Start Time	End Time
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____

Extra Care Services

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

Type of Care

Child Care Center Family Child Care Preschool Program
School Age Program (FCC)Group Family Care (FCC)Informal/Exempt
(CCC)Camp (FCC)In-Home/Exempt (CCC)Other

Environment

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

Languages

English Spanish Chinese (Mandarin)
Chinese (Cantonese) Creole German Russian

Special Needs

Developmental Disability	Educational Disability	Medical Care Needs
Wheelchair Access	Special Diet	Sign Language
Transportation	Moderately Ill/Health Service	
Inclusive/Integrated	Itinerant/Gifted Other (See Comments)	

Medication – MAT

NYS Approved to Give Medications	Not NYS Approved to Give Medications
Not Applicable	

Special Diet

Vegetarian	Vegan	Kosher	Gluten Free
Lactose Free	Diabetic	Food Allergy	

Program

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

Additional Care Services

Evening	Overnight	Weekend	Mildly Ill/Sick
Snow Days	Respite Care	Rotating Schedule	Breast Feeding Friendly

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

Transportation *(Identify what is desired)*

Transportation Provided	Walking distance to school
Near Public Transportation	Transportation Provided by School District

Comments

STATISTICS

Statistics General

Client's Birthdate: _____ Family Size: _____

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 box 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	\$22,340	Above	Below
2	\$30,260	Above	Below
3	\$38,180	Above	Below
4	\$46,100	Above	Below
5	\$54,020	Above	Below
6	\$61,940	Above	Below
7	\$69,860	Above	Below
8	\$77,780	Above	Below

Child Health

Did Not Want Info On Child is Fully Immunized
Send Immunization Info Has Health Care Provider for Child
Has Health Insurance for Child No Insurance, Not Aware of Options
Referred to Hotline - 877-KIDS-NOW Referred to Mental Health Consultation
Referred to Nursing Consultation Referred to Special Needs Consultation
Referred to Child Health Plus

Referred by

Child Care Provider	LDSS	Other Public Agency
Private Agency/CBO	Relative/Friend	Employer
Phone Book	Media/Newspaper	Internet
CCRR Website	Former Client	Regional 211
Other		

Reason for Seeking Care

End Leave of Absence	Seeking Employment	Employment
Training/Education	Current Provider No Longer Available	
Child's Development	Parent's Non/job Related Needs	
Dissatisfied with Care	Relocation/Moved	No Data

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

Are you Spanish/Hispanic/Latino? Yes No

What is your race? _____

What is your ancestry or ethnic origin? _____

Do you speak another language other than English at home? Yes No

If yes what language? _____

How well do you speak English? _____

All customers will have the same opportunities to access available services we offer. This includes the right to non-discrimination and non-harassment based on race, religion, national origin, handicap, age, sexual orientation or any other protective class. We will strive to provide high quality, culturally sensitive services to our clients.

Inquiries about registered providers' compliance history can be made either by calling Child and Family Resources or by going to the Office of Children and Family Services website: http://it.ocfs.ny.gov/ccfs_facilitysearch/. Enter in the county in which you are seeking child care and a list of all the Registered/Licensed providers in that county will appear. You can view the provider's profile, which is a link to the right of each provider's name.

Should you have regulatory concerns about the program you selected please contact us or if you wish to file a complaint contact, the NYS OCFS Division of Child Care Services by telephone at **(800) 732-5207**.

To report child abuse and neglect call (800) 342-3720.

For complaints regarding our Child Care Resource and Referral services provided please call our Executive Director, at **(315) 536 -1134, ext. 2304**.

Our Referral Follow-up Specialist will be contacting you regarding our services within two weeks of the referral to ensure that our services met quality standards for best practice and advise you in the next step in your search if needed. Or, if you prefer, complete our follow-up form (located in "Documents and Printable for Parents" on the website) and mail or email to one of our offices.

Thank you for choosing Child and Family Resources, Inc. to assist you in finding a child care provider.