

CLIENT ID: _____

CHILD CARE RESOURCE NETWORK
CLIENT INTAKE FORM

DATE: _____ COUNSELOR: _____

CLIENT INFORMATION

CLIENT NAME:

CALLER NAME: (If not parent) _____ AGENCY: (If caseworker)

I AM THE: MOTHER FATHER FOSTER PARENT* GRANDPARENT CASEWORKER
 GUARDIAN OTHER: _____

HOUSEHOLD: SINGLE PARENT 2 PARENTS GRANDPARENT/OTHER RELATIVE
 TEEN PARENT FOSTER PARENT OTHER: _____

LANGUAGE SPOKEN IN HOME: ENGLISH OTHER: _____

PHONE NUMBER: _____ CELL HOME WORK

EMAIL: _____

ADDRESS: _____ apt. _____

CITY: _____ ZIP: _____

OTHER ADDRESS: (If you want care near another address, such as work, school etc.) _____

REASON YOU ARE LOOKING FOR CHILD CARE JOB SEEKING JOB SCHOOL END
LEAVE OTHER: _____

CARE NEEDED NEAR: HOME WORK/SCHOOL/TRAINING PUBLIC TRANSPORTATION

CLIENT ID: _____

RECEIVING HELP FROM DOWNTOWN TO PAY FOR CHILD CARE: YES NO

HOW DID YOU HEAR ABOUT US: PROVIDER DSS OTHER AGENCY
RELATIVE/FRIEND EMPLOYER 211 INTERNET/CCRN WEBSITE HEALTHCARE
PROFESSIONAL OUTREACH EVENT RADIO/TV SCHOOL DISTRICT/STAFF NO
INFORMATION OTHER: _____

CHILD INFORMATION

DATE CARE NEEDED: NOW DATE: _____

BIRTHDATE: _____ **BIRTHDATE:** _____

BIRTHDATE: _____ **BIRTHDATE:** _____

BIRTHDATE: _____ **BIRTHDATE:** _____

TYPE OF CARE: CENTER FDC GFDC SACC CAMP

MEDICATION NEEDED DURING CARE: NO YES

SPECIAL NEEDS: (If you know) NO YES: _____

TRANSPORTATION: NO PROVIDED IT WOULD BE NICE PROVIDED BY SCHOOL DISTRICT

DAYS OF WEEK: Mon-Fri Sat Sun **TIMES:** _____ AM / PM - TO _____ AM/PM

CARE NEEDED: FULL TIME PART TIME FULL YEAR SCHOOL YEAR
 SUMMER ONLY

