

Child Care Request Form

LOCATE: CHILD CARE



DISCLAIMER: All providers listed in the LOCATE: Child Care database are regulated or approved by the Maryland State Department of Education or certified by the Maryland Department of Health and Mental Hygiene. When LOCATE identifies child care program options for parents, it means only that the programs identified are regulated by the appropriate agency and have met the criteria that agency sets forth. The responsibility for providing LOCATE with accurate listings of regulated providers/programs rests with the appropriate agencies. Responsibility for selecting and employing a child care provider rests with each parent. LOCATE: Child Care cannot guarantee the quality of providers in its files and urges parents to carefully interview and check references before leaving a child in care. A referral from LOCATE does not constitute a recommendation as to the quality of care.

***I have read and agree to this disclaimer:** Yes

Please Print Clearly

Date: _____

Personal Information

1. Parent's full name: _____
2. Address: _____
3. City: _____ State: _____ Zip Code: _____
4. County and state in which you reside: _____, _____
5. County in which you need care:

<input type="checkbox"/> Allegany	<input type="checkbox"/> Anne Arundel	<input type="checkbox"/> Baltimore City
<input type="checkbox"/> Baltimore County	<input type="checkbox"/> Calvert	<input type="checkbox"/> Caroline
<input type="checkbox"/> Carroll	<input type="checkbox"/> Cecil	<input type="checkbox"/> Charles
<input type="checkbox"/> Dorchester	<input type="checkbox"/> Frederick	<input type="checkbox"/> Garrett
<input type="checkbox"/> Harford	<input type="checkbox"/> Howard	<input type="checkbox"/> Kent
<input type="checkbox"/> Montgomery	<input type="checkbox"/> Prince George's	<input type="checkbox"/> Queen Anne's
<input type="checkbox"/> St. Mary's	<input type="checkbox"/> Somerset	<input type="checkbox"/> Talbot
<input type="checkbox"/> Washington	<input type="checkbox"/> Wicomico	<input type="checkbox"/> Worcester
6. Have you ever used the LOCATE: Child Care service? (please check one)

<input type="checkbox"/> Never
<input type="checkbox"/> Yes. I found care but need more referrals.
<input type="checkbox"/> Yes. I did not find care and need more referrals.

7. Reason for needing child care? (Check only one)

- Parent's job
- Moving/relocating
- Parent attending school
- Parent in training
- Parent looking for work
- Parent Respite
- Child's socialization
- Child's education
- Dissatisfied with current care (reason): _____

We have an enhanced service for families of children with Special needs, such as developmental delays, behavioral issues, physical/mental conditions etc.

Would you be interested in this service? Yes No

We also have Enhanced Services for employees of companies that have a contract with LOCATE: Child Care. Please indicate your employer below.

- 8. Employer _____
- 9. Spouse's employer _____
- 10. School or Job Training Program _____

11. Is English your primary language? Yes No

If no, what is your primary language? _____

LOCATE: Child Care makes random follow-up calls to find out if you were able to find child care and if our service was helpful to you. You may receive a call from both our local and state offices. May we have your permission to call? Yes No

12. Home phone number: _____

13. Work phone number: _____

14. Cell phone number: _____

Which is the best number to call? Home Work Cellular

When is the best time to call between 9:00 am and 5:00 pm? _____

15. Email address: _____

16. What is your relationship to the child? (please check one):

- Parent
- Agency
- Relative

17. How did you originally hear about LOCATE: Child Care? (please check one)

- Yellow Pages
 - Media
 - Poster/Brochure
 - School
 - Work
 - Provider/Program
 - Friend
 - Department of Social Services
 - Website
 - Hospital
 - Relative
 - Agency (Library, Community Agencies, etc)
 - Child Care Resource and Referral Center
- County: _____

18. How would you like to receive your referrals? (please check one)

- Phone
- U.S. Mail
- Fax _____

19. I would like care near (please check one):

- Residence
- Employment _____
- Child's School _____
- Relative's home
- Residence and/or employment
- On route to employment and/or school
- Parent's school _____
- Other _____

20. Zip code where care is needed: _____

21. I will travel to my child's child care by (please check one):

- Car
- Walk
- Subway
- Taxi Cab
- Public Bus

Outreach Program Information

LOCATE: Child Care participates in several outreach programs. We ask the following questions to help you determine if you might be eligible for any of these programs. Telephone numbers and program contact information is provided below.

22. What is the size of your immediate family? (parent(s) and child(ren) only): _____

23. Single or Dual Parent Household?: (please check one)

- Single Parent
- Dual Parent

24. How many children are in your immediate family? _____

How many need child care? _____

25. Does your immediate family receive:

TCA—Temporary Cash Assistance Yes No

FS—Food Stamps Yes No

26. Have you applied for TCA but have not started receiving benefits? Yes No

27. Does your child receive:

MA—Medical Assistance

Yes

No

SSI—Supplemental Social Security Income

Yes

No

28. Is there health/medical insurance to cover your child/children under the age of 19?

Yes

No

If you do not have health insurance for your child, please read and respond to the following question:

29. Your family might be eligible for one of the Maryland Children’s Health Programs (MCHP) if you meet the following family size and income limits. Please check one:

Family Size	Income Limit	
2	\$28,000	<input type="checkbox"/> YES—we may be eligible <input type="checkbox"/> NO—above income eligibility guidelines <input type="checkbox"/> Have current health coverage <input type="checkbox"/> Prefer not to give income information
3	\$35,200	
4	\$42,400	
5	\$49,600	
6	\$56,800	
7	\$64,000	
8	\$71,200	

30. **Answer only if you have a child under the age of 5 years:**

Your family might be eligible for WIC (Women Infants and Children) if you meet the following family size and income limits. Please check one:

Family Size	Income Limit	
1	\$19,240	<input type="checkbox"/> YES—we may be eligible <input type="checkbox"/> NO—above income eligibility guidelines <input type="checkbox"/> Currently receiving <input type="checkbox"/> Child too old <input type="checkbox"/> Prefer not to give income information
2	\$25,900	
3	\$32,560	
4	\$39,220	
5	\$45,880	
6	\$52,540	
7	\$59,200	
8	\$65,860	

31. Your family might be eligible for Child Care Subsidies (Purchase of Care) if you meet the following family size and income limits. Please check one:

Family Size	Income Limit	
2	\$24,277	<input type="checkbox"/> YES—we may be eligible <input type="checkbox"/> NO—above income eligibility guidelines <input type="checkbox"/> Currently receiving <input type="checkbox"/> Prefer not to give income information
3	\$29,990	
4	\$35,702	
5	\$41,414	
6	\$47,127	
7	\$48,198	
8	\$49,269	

32. Do you need information on child support enforcement? Yes No

33. Your family may be eligible for the **Earned Income Credit** if you meet the following eligibility requirements:

Family Size	Income Limit
Single parent + 1 child	\$33,995
Single parent + 2 or more children	\$38,646
Married parents + 1 child	\$36,995
Married parents + 2 or more children	\$41,646

Do you think you are eligible? Yes No

Current Child Care Information

34. What is your current child care arrangement?

- Licensed family child care provider
- Licensed group program
- Relative (in relative's home)
- Relative (in parent's home)
- In-home (in parent's home)
- Babysitter (non-relative to child in babysitter's own home)
- Currently not using any child care

35. **Child(ren) information:**

The information below is **required** to process your child care search.

	Child 1	Child 2	Child 3	Child 4	Child 5
First name of child					
Age of child					
Gender (Male, Female, Unknown)	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U

36. If child is 5 years old, is child:

- In child care
- In School

37. How much are you able to pay for care per week? \$ _____

Are you using POC/CCS (Purchase of Care Vouchers/Child Care Subsidy)?

- Yes No

38. When is care needed? (please check one)

- Within the next 15 days
- Within the next 30 days
- Within the next 60 days
- Within the next 90 days
- Beyond 90 days

39. What kind of care? (please check one)

- Part time (less than 5 days per week)
- Full time (5 days per week)
- Temporary
- Back-Up

40. What days do you need care? (check all that apply)

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Sunday | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> Monday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Flexible (days vary from week to week) |

41. What hours do you need care?

Drop-off time: _____

Pick-up time: _____

- | | |
|---|---|
| <input type="checkbox"/> Flexible (day & time of care varies) | <input type="checkbox"/> After Head Start or PreK only |
| <input type="checkbox"/> Before School only | <input type="checkbox"/> Before and After Head Start or PreK |
| <input type="checkbox"/> After School only | Escort needed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Before and After School | School Name: _____ |
| <input type="checkbox"/> Before Head Start or PreK only | |

42. What type of care do you prefer?

- Licensed Family Child Care Child Care Center Family and/or Center

43. Type of Program: (check only if applies)

- Center Infant School age care Part Day Program
- Nursery school (10 month program)
- Pre-Kindergarten
- Private kindergarten (10 month program)
- Camp/Summer program
- Early Head Start (must meet federal poverty level guidelines)

44. Special requirements (please check all that apply):

- Non-smoking home
- Smoke-free during the day (smoking occurs only during non-child care hours)
- Fenced yard
- No pool
- Assist in toilet training
- No dogs
- No cats
- Special diet _____
- Other: _____

Do you prefer for your child to be in a particular type of home?

- YES Type of home _____
- NO

45. Is there any additional information you would like us to know? _____

Return by Fax to: 410-385-0561

Return by Email to: intakes@marylandfamilynetwork.org

Or

Mail to:

LOCATE: Child Care
1001 Eastern Avenue, Second Floor
Baltimore, MD 21202

For Counselor Use Only:

Educational Materials sent? Yes No