

CLIENT ID: _____

CHILD CARE RESOURCE NETWORK
BPS CLIENT INTAKE FORM

*** Highlighted fields must be filled out to receive a referral.**
Fill out both sides of form then send email to parentservices@wnychildren.org
You can also call Christen at 877-6666 ext. 3064 to do a referral over the phone.

DATE: _____ COUNSELOR: _____ NEW CLIENT PREVIOUS CLIENT

Name: _____

ADDRESS: _____ apt. _____

HOUSEHOLD: SINGLE PARENT 2 PARENTS

I AM THE: MOTHER FATHER GRANDPARENT

TEEN PARENT FOSTER PARENT

OTHER _____

CITY: _____ ZIP: _____

PHONE NUMBER: _____

EMAIL: _____ ADD TO PARENT NEWSLETTER LIST: YES NO

Care needed: NEAR HOME NEAR WORK/SCHOOL/TRAINING NEAR CHILD'S SCHOOL
 NEAR PUBLIC TRANSPORTATION

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

CHILDREN

Days of week: Mon-Fri Sat Sun TIMES: _____ AM / PM TO _____ AM/PM

BIRTHDATE: _____ BIRTHDATE: _____ BIRTHDATE: _____

BIRTHDATE: _____ BIRTHDATE: _____ BIRTHDATE: _____

DATE CARE NEEDED: NOW DATE: _____

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

TYPE OF CARE: DAY CARE CENTER IN HOME FAMILY DAY CARE SCHOOLAGE CHILD CARE CAMP

CLIENT ID: _____

LANGUAGE: ENGLISH OTHER: _____

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

TRANSPORTATION: NO PROVIDED IT WOULD BE NICE OTHER: _____

MEDICATION NEEDED DURING CARE: NO YES

RECEIVING SUBSIDY/DOWNTOWN IS HELPING PAY FOR CHILD CARE: NO YES

HOW DID YOU HEAR ABOUT US: PROVIDER DSS OTHER AGENCY RELATIVE/FRIEND EMPLOYER

SIGN OUTFRONT INTERNET CCRN WEBSITE DOH BABY PACKET OUTREACH EVENT

Help Me Grow OTHER: _____

REASON YOU'RE LOOKING FOR CHILD CARE: JOB LOOKING FOR A JOB SCHOOL END OF LEAVE

OTHER: _____

OTHER NOTES:

