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### REFERRAL INTAKE FORM

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Mobile (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Child's First Name	Date of Birth	Start Date	Days & Time Care is Needed
			Days: M T W Th F Sa Su Hours: From: _____ To: _____
			Days: M T W Th F Sa Su Hours: From: _____ To: _____
			Days: M T W Th F Sa Su Hours: From: _____ To: _____

<b>Location of Care:</b>	<b>Types of Care:</b>
<input type="checkbox"/> Near Home <input type="checkbox"/> Near Work <input type="checkbox"/> Near Sch <input type="checkbox"/> Other Indicate Work Address, Elementary School or Zip Code: _____	<input type="checkbox"/> Licensed Child Care Center <input type="checkbox"/> Licensed Family Child Care <input type="checkbox"/> Nanny/Babysitter Services <input type="checkbox"/> Before/Afterschool Care
<b>Subsidy:</b>	<b>Miscellaneous Requests:</b>
<input type="checkbox"/> DSHS <input type="checkbox"/> City Seattle <input type="checkbox"/> Sliding Scale <input type="checkbox"/> CCFA <input type="checkbox"/> Other _____	<input type="checkbox"/> Special Needs _____ <input type="checkbox"/> Language _____ <input type="checkbox"/> Other: _____
<b>Employment Information:</b>	<b>Relationship to Child:</b>
<input type="checkbox"/> Employed <input type="checkbox"/> Seeking Employment <input type="checkbox"/> At Home <input type="checkbox"/> Student <input type="checkbox"/> Work First Name of Employer _____  Other Employer _____	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Grandparent <input type="checkbox"/> Other: _____
<b>Client Demographics:</b>	<b>Family Information:</b>
<input type="checkbox"/> Age _____ <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Disabled Y/N <input type="checkbox"/> Ethnicity/Race: _____	<input type="checkbox"/> Single Head of Household <input type="checkbox"/> Two or more adults in Household Family size _____
<b>Family Income:</b>	
<input type="checkbox"/> 0-2,000/month <input type="checkbox"/> 2-3,000/month <input type="checkbox"/> 3-4,500/month <input type="checkbox"/> 4,500-5,500/month <input type="checkbox"/> Above 5,500/month <input type="checkbox"/> Unknown	

**Comments:** \_\_\_\_\_

How do you wish to receive the referrals?    telephone    mail    fax    e-mail

Caseworker Name and Address: \_\_\_\_\_

Organization: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Would the Family like someone from King County to contact them with information about low cost dental and health care options in their area?    Yes    No