



Child Care Request Form

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 fax the completed form to **410-385-0561** or emailed to kguy@marylandfamilynetwork.org

Fax request: please allow 24 hours for processing. If you need further assistance please call **410-752-7588**. Please answer all questions. Incomplete questionnaires will delay processing of your request.

Personal Information (Please print clearly)

1. Parent's full name: _____
2. Address: _____
3. City: _____ State: _____ Zip Code: _____
4. Is English your primary language? Yes No

If no, what is your primary language? _____

Families of children with special needs, such as developmental delays, behavioral issues, and physical/medical conditions may be eligible for our Enhanced Services. Please call 410-752-7588 before completing this form for eligibility requirements.

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

5. Employer: _____
6. Spouse's employer: _____
7. Have you ever used the LOCATE: Child Care service? (please check one)
 - Never
 - Yes. I found care but need more referrals.
 - Yes. I did not find care and need more referrals.

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

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

**To file a complaint contact the Maryland State Department of Education Office of Child Care at
410-750-8771.

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

9. Home phone number: _____

10. Work phone number: _____

11. 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? _____

12. Email address: _____

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

- Parent Agency Friend Relative

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

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

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

- Phone U.S. Mail Fax/Phone Number _____

16. I would like care near (please check one)

- Residence
- Employment
- Parent's school

Address for care (if different from home address):

- Relative's home
- Child's school and/or residence _____
- Residence and/or employment
- On route to employment and/or school

17. Zip code where care is needed: _____

18. 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.

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

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

- Single Parent Dual Parent

21. How many children are in your immediate family? _____
How many need child care? _____

22. Does your immediate family receive:

- | | | |
|-------------------------------|------------------------------|-----------------------------|
| TCA—Temporary Cash Assistance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| FS—Food Stamps | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

24. Does your child receive:

- | | | |
|---|------------------------------|-----------------------------|
| MA—Medical Assistance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| SSI—Supplemental Social Security Income | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

25. 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:

26. 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
3	\$35,200
4	\$42,400
5	\$49,600
6	\$56,800
7	\$64,000
8	\$71,200

- YES—we may be eligible
 NO—above income eligibility guidelines
 Have current health coverage
 Prefer not to give income information

27. 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
2	\$25,900
3	\$32,560
4	\$39,220
5	\$45,880
6	\$52,540
7	\$59,200
8	\$65,860

- YES—we may be eligible
 NO—above income eligibility guidelines
 Currently receiving
 Child too old
 Prefer not to give income information

28. 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
3	\$29,990
4	\$35,702
5	\$41,414
6	\$47,127
7	\$48,198
8	\$49,269

- YES—we may be eligible
 NO—above income eligibility guidelines
 Currently receiving
 Prefer not to give income information

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

30. 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

31. 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

32. **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					
<i>*If child is age 5</i>					
<i>*is child in school?</i>	Y N	Y N	Y N	Y N	Y N
<i>*Is child in full-time child care?</i>	Y N	Y N	Y N	Y N	Y N
Gender (Circle M, F or Unborn)	M F U	M F U	M F U	M F U	M F U

33. 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

34. 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

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

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

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

- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Flexible (days vary from week to week)

37. What hours do you need care?

Drop-off time: _____

Pick-up time: _____

Flexible (day & time of care varies)

Before School only

School Name: _____

After School only

Before and After School

Before Head Start or PreK only

After Head Start or PreK only

Before and After Head Start or PreK

38. What type of care do you prefer?

Licensed Family Child Care Child Care Center Family and Center

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

- Nursery school (10 month program)
- Pre-Kindergarten
- Private kindergarten (10 month program)
- Camp/Summer program
- Community Head Start (must meet federal poverty level guidelines)

40. 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

41. Is there any additional information that we need to know?