



# INTAKE FORM

TODAY'S DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

WHAT IS YOUR PRIMARY LANGUAGE? Spanish / English Other: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_ SPECIAL OFFER: \_\_\_\_\_

NAMES OF CHILDREN NEEDING CARE: \_\_\_\_\_ SEX: \_\_\_\_\_ POTTY-TRAINED:

1. \_\_\_\_\_ AGE: \_\_\_\_\_ F M Y N

2. \_\_\_\_\_ AGE: \_\_\_\_\_ F M Y N

3. \_\_\_\_\_ AGE: \_\_\_\_\_ F M Y N

HOURS OF CARE NEEDED? \_\_\_\_\_

DAYS OF CARE NEEDED? \_\_\_\_\_

WHAT DATE IS CARE NEEDED? \_\_\_\_\_

IF CARE IS NOT AVAILABLE, WAITING LIST ACCEPTABLE? YES OR NO

SPECIAL NEEDS OR INSTRUCTIONS? \_\_\_\_\_

CURRENT SOURCE OF CARE (CIRCLE): OTHER CDC - HOME PROVIDER - FAMILY CARE

TOUR DATE & TIME: \_\_\_\_\_ 2<sup>nd</sup> TOUR DATE: \_\_\_\_\_

STATUS AFTER TOUR? \_\_\_\_\_

**CIRCLE ALL THAT APPLY**

CCAP(IAFC OR YWCA)      DCFS      TANF      HOMELESS  
MILITARY FAMILY      PRIVATE PAY      FOSTER CARE

WHICH PROGRAM ARE YOU INTERESTED:

**EARLY HEAD START** (Birth to 2 years) & **PI**    **Preschool for ALL** ( 3-5 years)

**Mommy to be Program** (for expecting mothers)    Before and After School

**Drop In-Care** (private pay **ONLY**) **Only if space is available.**

1.      Has your child had a current physical/well-child check in the past 6 months?      Y OR N
2.      Has your child had a current dental exam) In the past 6 months? Y or N
3.      Are you currently working? Y or N
4.      Are you currently in School? Y or N
5.      What is your family size? \_\_\_\_\_
6.      Can you provide proof of income for past 12 months?(pay stubs, W-2 or 1040 tax form)?\_\_\_\_\_ (Please give a copy if available)
7.      For children under 12 months: **Diaper Size** \_\_\_\_\_ **Formula type:** Enfamil or Similac

Please indicate Your Family Gross Annual Income

\$0-\$11,880	\$20,161-\$24,300	\$32,581-\$36,730	\$11,881-\$16,020
\$24,301-\$28,440	\$36,731-\$40,890	\$16,021-\$20,160	\$28,441-\$32,580