

This is a free and confidential service.

The Child Care & Development Council cannot guarantee the accuracy of information concerning any provider, nor do we endorse or recommend any particular provider. Only you can determine whether the quality of care is appropriate for your child. If you want to know the compliance inspection history of a provider or program please contact a registrar at the Child Care & Development Council for registered programs, family day care & school aged programs, at (315) 343-2344 or a licenser at the Office of Children and Family Services for licensed programs, group family day care and day care centers, at (315) 423-1202.

First Name:	Last Name:	
Street Address:		Apt/Unit#
City:	Zip Code:	
County:		
Mailing Address (if different than above)		
Address:		Apt/Unit#
City:	Zip Code:	

Caller Status:

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Guardian | <input type="checkbox"/> Shelter Worker |
| <input type="checkbox"/> Father | <input type="checkbox"/> Foster Parent | <input type="checkbox"/> Other |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Case Worker | <input type="checkbox"/> No Information |
- Military Family Immigrant/Refugee Homeless/In Shelter In protected location
 CARES Client

Family Composition:

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Single Parent | <input type="checkbox"/> Two Parent | <input type="checkbox"/> Teen Parent |
| <input type="checkbox"/> Foster/Guardian | <input type="checkbox"/> Grandparent/Other Relative | <input type="checkbox"/> Other |

Family Size: _____ Adults in Household: _____ Language: _____

County: _____ Client Type: OCFS Contract Client Portal: Yes No

Employer: _____ Employer ID: _____

Employer: _____ Employer ID: _____

Parent Information Notes: _____

Home Phone #: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Add to CCR&R mailing list: Yes No

First Name:	Last Name:
Street Address:	Apt/Unit#
City:	Zip Code:
County:	
Mailing Address (if different than above)	
Address:	Apt/Unit#
City:	Zip Code:

Reason For Seeking:

- | | | |
|---|---|---|
| <input type="checkbox"/> End Leave of Absence | <input type="checkbox"/> Seeking Employment | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Training/Education | <input type="checkbox"/> Relocation/moved | <input type="checkbox"/> Child expelled from care |
| <input type="checkbox"/> Expecting a Child | <input type="checkbox"/> Cost too high | <input type="checkbox"/> Alternative backup care |
| <input type="checkbox"/> Dissatisfied with Current Care | <input type="checkbox"/> Parent's Non-Job Related Needs | <input type="checkbox"/> Other |

Preferred Location of Care:

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Near Home | <input type="checkbox"/> Near Public Transportation | <input type="checkbox"/> In Own Home |
| <input type="checkbox"/> Near Work/School/Training | <input type="checkbox"/> Near Child's School | |

Income Category:

- Below NYS 200% Poverty
- No Response

Subsidy Eligible at County Level:

- Income Eligible at County Level
- No Response

Eligibility Status:

- Receiving Subsidy
- On Subsidy Waitlist
- Eligible-no subsidy dollars available

Reason no Subsidy:

- Application too difficult
- No transportation to DSS
- Can't take of work to go to DSS
- Did not know about child care assistance
- Did not believe they qualified
- DSS caseworkers are not responsive
- Haven't had time to apply
- Child is not yet born/too young
- Not currently working/otherwise ineligible

Other, please explain:

Financial Assistance:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Sliding Fee Scale | <input type="checkbox"/> TANF |
| <input type="checkbox"/> Multi-Child Discount | <input type="checkbox"/> Scholarships |

Child Health:

- CACFP
- Referred to Special Needs Consultation
- Referred to Child Health Plus
- Food Insecurity
- Developmental Screenings
- Medicaid
- Child Health Plus
- Referred to Mental Health Consultation
- Services for Families with Special Needs
- Referred to Nursing Consultation

Referred By:

- Child Care Provider
- Social Media
- Regional 211/311
- Former Client
- Department of Social Svcs
- Relative/Friend
- Radio/TV/Billboard
- Health Care Professional
- Other Public/Private Agency
- Employer
- Internet/CCR&R Website
- Community Event

Census Questions:

Is this person Spanish/Hispanic/Latino YES NO

What is this person's race?

- White
- Black/African American
- Asian
- American Indian or Alaska Native
- Other Race

Primary Language Spoken at home: _____

Child General Information

First Name: _____ Gender: Male Female
 Birth Date: _____ Age Care Needed: _____

Child General Information

First Name: _____ Gender: Male Female
 Birth Date: _____ Age Care Needed: _____

Child General Information

First Name: _____ Gender: Male Female
 Birth Date: _____ Age Care Needed: _____

Child General Information

First Name: _____ Gender: Male Female
 Birth Date: _____ Age Care Needed: _____

Type of Care:

- Child Care Center
- Family Child Care
- School Age Program
- Group Family Care
- Preschool
- Camp

NYS Approved to Give Medications YES NO

Special Needs:

- Developmental Disability
- Autism Spectrum Disorder
- Medical Care Needs
- ADHD
- Educational Disability
- Asthma
- On-Site Nurse
- Other
- Speech or Language Impairment
- Moderately Ill/Health Service

Special Needs Notes: _____

Transportation:

- By Provider
- Walking Distance to School
- Near Public Transportation
- Transportation Provided by School District

Elementary School: _____ School District: _____

Hours and Days

Start Time:

End Time:

Hours and Days	Start Time:	End Time:
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

- Full Time
- Part Time
- Both

- Full Year
- School Year Only
- Summer Only

Any Special Schedules Needed:

- Drop-in
- Snow Days
- Before School
- After School
- Extended Hours
- Flexible Hours
- Rotating Schedule
- Early Day/Morning

- Open Holidays
- Late Day/evening
- Evening
- Weekend
- Overnight
- Respite Care
- Mildly/Ill Sick
- 24-Hour

Preferences:

Meals: Breakfast Morning Snack Lunch PM Snack Dinner

CACFP: YES NO

Environment:

- | | | |
|--|--|---|
| <input type="checkbox"/> Smoke Free Property | <input type="checkbox"/> Peanut Free | <input type="checkbox"/> No Woodstove/Fireplace |
| <input type="checkbox"/> No Pool | <input type="checkbox"/> Tree Nut Free | <input type="checkbox"/> Fenced Play Area |
| <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Wheelchair Accessible | |

Program:

- | | | |
|--|--|---|
| <input type="checkbox"/> School Age Child Care | <input type="checkbox"/> Infant/Toddler | <input type="checkbox"/> Head Start |
| <input type="checkbox"/> Universal PreK | <input type="checkbox"/> Bi-Lingual | <input type="checkbox"/> Preschool |
| <input type="checkbox"/> Early Headstart | <input type="checkbox"/> Inclusive/Special Education | <input type="checkbox"/> Nursery School |
| <input type="checkbox"/> In-Home | <input type="checkbox"/> Kindergarten | <input type="checkbox"/> Playgroup |
| <input type="checkbox"/> Summer Recreation | <input type="checkbox"/> Vacation/Holiday | <input type="checkbox"/> Academic |
| <input type="checkbox"/> Child Development | <input type="checkbox"/> High/Scope | <input type="checkbox"/> Faith Based |
| <input type="checkbox"/> Mixed Age | <input type="checkbox"/> Parent Involvement | |

Provider's Education: _____

Accreditation:

- NAEYC
- NAFCC
- NAA
- After School Works NY

Endorsements:

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Breastfeeding Friendly
Certified | <input type="checkbox"/> Asthma Friendly | <input type="checkbox"/> Eco-Healthy |
|--|--|--------------------------------------|

Thank you for contacting the Child Care & Development Council to help you find child care to meet your needs.