

CHILD CARE NEED FORM

In order to find the best match for you and your children's needs, please complete the following information. **A referral list of registered or licensed child care providers will be available within 2 working days.** The information provided is for referral purposes only. MT Child Care Resource & Referral agencies do not warrant the information concerning any provider, nor do we license, endorse, or recommend any particular provider. Only you can determine whether the quality of care is appropriate for your child by thorough screenings and visits with the provider prior to care being provided.

Today's Date: _____ Have you ever received a referral generated by NACCRRAware? Yes No

Parent(s) Name: _____

Street Address: _____ City: _____ St.: _____ Zip: _____

County: _____

Mailing Address: _____ City: _____ St.: _____ Zip: _____

Home phone: _____ cell phone: _____

Fax: _____ E-mail: _____

Employed Yes / No Employer: _____

What school does your child(ren) attend? _____

Do you receive Child Care payment assistance?

____ Best Beginnings Scholarship ____ TANF ____ Tribal Block Grant ____ No assistance

Would you like information regarding child care payment assistance? YES NO

Care is Requested:

____ Near home ____ Near work ____ Near parent school: _____

____ Near child's school ____ Other: _____

Please complete the following information for all children needing child care:

Starting date care is needed: _____

Name	Gender	Date of Birth	Days Care Needed	Times
1			M T W Th F Sa Su	-
2			M T W Th F Sa Su	-
3			M T W Th F Sa Su	-
4			M T W Th F Sa Su	-

Other scheduling needs, check all that apply

- | | | |
|-------------------------------------------------------|---------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Full-time (30+ hrs/week)- | <input type="checkbox"/> Drop in care | <input type="checkbox"/> 24-hour care |
| <input type="checkbox"/> Part-time (less than 30 hrs) | <input type="checkbox"/> Before/After school care | |
| <input type="checkbox"/> Full year care | <input type="checkbox"/> Rotating schedule | <input type="checkbox"/> Temp./emergency care |
| <input type="checkbox"/> School year only | <input type="checkbox"/> Summer only | |

What type of care are you looking for?

- | | | |
|---------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Child Care Center
(13 or more children) | <input type="checkbox"/> Family Child Care
(3 -6 children) | <input type="checkbox"/> Preschool |
| <input type="checkbox"/> School Age Program | <input type="checkbox"/> Group Home Child Care | <input type="checkbox"/> Drop In Care |
| <input type="checkbox"/> (CCC) Tribal Licensed Program | <input type="checkbox"/> (7-12 children) | <input type="checkbox"/> Summer Program |
| | | <input type="checkbox"/> Unlicensed Sick Care |

