

First Name  Last Name

Street Address

City  State  Zip Code

County

Phone Number

email

Cell-phone Number

Yes, add me to the e-newsletter

Fax Number

Work Number

Employer

Employment status

Relation to child

**Ages of children:** Child 1 years  months  weeks

Child 2 years  months  weeks

Child 3 years  months  weeks

Child 4 years  months  weeks

**Date care needed:**

**Type of child care preferred:**

- Child care center
- Family child care
- Preschool program
- School-age program
- (FCC) Group family child care
- (FCC) Informal
- (FCC) In-home
- (CCC) School
- (CCC) Camp
- (CCC) Other

**Elementary schools**

**Full/Part Time Care**



MONDAY Start Time

TUESDAY Start Time

WEDNESDAY Start Time

THURSDAY Start Time

FRIDAY Start Time

SATURDAY Start Time

SUNDAY Start Time

MONDAY End Time

TUESDAY End Time

WEDNESDAY End Time

THURSDAY End Time

FRIDAY End Time

SATURDAY End Time

SUNDAY End Time

**\* Medication - MAT**

- NYS Approved to give medications
- Not NYS approved to give medications
- Waiver for emergency medications only
- No preference

**\* Extra care services**

- 24-hour
- Drop in
- Before school
- After school
- Rotating
- Temp/emergency

**\* Additional care services**

- Evening
- Mildly Ill/Sick
- Overnight
- Part Week
- Respite Care
- Extended Hours
- Weekend
- Early Day/Morning
- Flexible Hours
- Breast Feeding Friendly Certified
- Late Day/Afternoon
- N/A

**\*Program**

- Universal Pre-K
- Nursery School
- Playgroup
- Kindergarten
- Vacation/Holiday
- Special Interest
- Summer Recreation
- SACC (School-age child care)
- Faith Based
- Montessori
- Inclusive/Special Education
- Head Start
- Early Head Start
- Pre-K/Preschool

**\*Special Diet**

- Vegetarian
- Vegan
- Diabetic
- Peanut free
- Lactose free
- Gluten free
- Kosher style
- Food allergy

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**\*Special Needs**

- Wheelchair accessible
- Moderately Ill/Health service
- Sign language
- Medical care needs
- Educational disability
- Itinerant
- No special needs
- Special diet
- Bilingual
- Inclusive/Integrated
- Developmental disability
- Transportation
- Gifted
- Other

**\*Environment**

- Computer
- Fenced Pool
- Foreign Language Instruction
- No Pets
- Outdoor PlayArea
- Pool
- Smoking
- Fenced Play Area
- Fireplace
- Gym
- Operates Less Than Capacity
- Pets
- Smoke Free
- Wood Stove

**\*Location of Care**

- Near Home
- Near Child's School
- In Own Home
- Near Work/School/Training
- Near Public Transportation

**Family Size:**

**\*Family Composition**

- Caller Declined to Answer
- Grandparent/Other Relative
- Single Parent
- Two Parent
- Foster/Guardian
- Other
- Teen Parent
- Unable to Determine

**\*Reason for Seeking**

- Alternate Back-Up Care
- Child's Development
- Current Provider No Longer Available
- Dissatisfied With Current Care
- End of Leave of Absence
- Not Able to Determine
- Parent's Non-Job Related Needs
- Seeking Employment
- Asked To Leave
- Cost Too High
- DSS Training
- Employment
- No Data
- Other
- Relocation/Moved
- Training/Education

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**\*Referred By:**

- Employer
- Media/Newspaper
- Child Care Provider
- Other Public Agency
- Internet
- Former Client
- CCR&R Website
- Other
- Tech Valley
- Tri-City Valley Cats
- Community Event/Fair/Expo
- Relative or Friend
- Brochure
- LDSS
- Phone Book
- Private Agency/CBO
- Case Worker
- Regional 211
- No Data
- Child's Backpack
- Employee Event

**\*Child Health**

- Did Not Want Info on
- Send Immunization Info
- Has Health insurance for Child
- Referred to Hotline - 877-KIDS-NOW
- Referred to Nursing Consultation
- Referred to Child Health Plus
- Child is Fully Immunized
- Has Health Care Provider for Child
- No Insurance, Not Aware of Options
- Referred to Mental Health Consultation
- Referred to Special Needs Consultation

**Eligibility Status**

**Client Race**

**\*Languages**

- English
- French
- Indian
- Korean
- Russian
- Arabic
- Chinese
- German
- Spanish
- Hebrew
- Italian
- Polish
- Swedish
- Chinese (Mandarin)
- Creole

**Submission instructions on the next page**



## **Instructions for submission:**

When you press “Submit by Email,” a “Select Email Client” pop-up will appear.

If you use Outlook, Eudora, or Mail, choose the first option and an email with the subject line “Request for Referral” will automatically be generated by your email application. Simply click send and your email referral request will be sent.

If you use an internet email service such as Yahoo or Gmail, choose the second option. You will need to save your form and send it manually to [thowland@cdcccc.org](mailto:thowland@cdcccc.org). You must include “Request for Referral” in the subject line to ensure proper delivery.

Use this option if you prefer to mail a hard copy of your referral request. Be sure to make a copy for your own records.

Mail to:  
Capital District Child Care Council  
Attn: Parent Services Dept.  
91 Broadway  
Menands, NY 12204

This is a FREE service

Referrals to Child Care Programs are not intended to serve as any type of recommendation. Parents are encouraged to visit several facilities before making a final child care arrangement. It may also be a good idea to ask the child care facility for references and to check them. Only parents can determine whether the quality of care is right for their child.

Any information that is provided to the Capital District Child Care Council is kept confidential and will not be shared with any third party without written permission. The Capital District Child Care Council is committed to maintaining the confidentiality of its consumers.

If you have any comments or concerns about the services you have received from a Parent Educator at the Capital District Child Care Council, please contact the Director of Operations, Lynda Weismantel at 518.426.7181 Ext. 321.

Contact the Capital District Child Care Council with any questions and speak to a Parent Educator by calling 518.426.7181, or emailing Tricia Howland at [thowland@cdcccc.org](mailto:thowland@cdcccc.org).