

Child Care Referral Request Form

Date ___/___/___ Time _____ **thread** Staff _____

Parent/Guardian First Name _____

Parent/Guardian Last Name _____

Physical Address _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

Alternative Address _____

Major Cross Streets _____

Home Phone (____) _____ Mobile Phone (____) _____

Work Phone (____) _____ Fax (____) _____

Email _____

How would you like to receive your referrals?

In Person Fax Email Postal Mail

Comments _____

Child Information Page

*For multiple children, please submit an additional information page for each child

Child's Name _____ Birth Date ___/___/___ Female Male

When do you need child care to begin? ___/___/20__

Day(s) child care is needed

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Time care is needed _____ am or pm to _____ am or pm

Elementary School _____

Transportation

- Needs transportation by provider Before School _____ After School _____
 Relies on public transportation
 Request program within walking distance from school

After hour care is needed Evening Overnight Weekend

Extra care services

- Drop In 24 Hour Care Before School
 After School Rotating Temporary/Emergency

Type of care you are seeking

- Child Care Center Family Child Care Preschool Program
 School Age Program Head Start Program Summer/Camp Program

Environment

- Activity Center Fenced Yard Field Trips
 Home Like Limited TV Multiple Caregivers
 No TV Outdoor Equipment Pet Free Environment
 Near Public Transportation Small Group

thread has information on most languages providers may speak, is this of interest to you?

Yes No

Languages

- English Spanish German
 Hmong Tagalog Russian
 Yupik Korean Chinese
 Inupiaq Eskimo Japanese
 Athabascan Somoan Laotian
 Tlingit American Sign Language Bilingual/Other _____

Does your child require special needs accommodations? Yes No

- Cognitive Disability Emotional/Behavioral Feeding Tubes
 Language Speech Medical Disability Monitors
 Physical Disability Sensory Shots/Medication
 Special Diets Allergies Asthma

The Statistical Page

*The following is used for statistical purposes only and helps to identify the needs in your community. All information is kept confidential and will not be disclosed.

Client's Age

- Under 20 years 20 - 29 30 - 39 40 - 49 50 - 65 Over 65

Relationship to Child

- Mother Father Grandmother Grandfather Legal Guardian
 Foster Parent Other _____

Current Status

- Employed Student Seeking Employment Job Training Other _____

Family Size (Number of people in the immediate family) _____

How many adults are living in the household? _____

Do you receive Child Care Assistance?

- TANF Tribal Pass I Pass II/III OCS

Yearly Household Income

- Under \$29,600 \$29,601 - \$47,360 \$47,361 - \$60,384
 Above \$60,384 Unknown

Do you need information or a resource referral for your child's health issues?

- Yes No Explanation _____

Referred By (How you heard about **thread**)

- Brochure Case Worker Child Care Assistance Office Employer
 Friend/Relative Medical Office Newsletter Newspaper Ad
 Phone Book Provider Radio School
 Social Service Agency TV The Children's Place Center Tribal Organization
 Website Word of Mouth Health/Job/Other Fair Related Event
 Poster Agency Other _____

Reason for Seeking Care

- End of Leave Absence Looking for work Work
 School Child's Needs Parent's Needs
 Current Care is Closing Asked to Leave Unhappy with Quality
 Cost too High Other _____

Parent Ethnicity

- African American Caucasian American Indian Asian/Pacific Islander
 Alaska Native Hispanic Other _____ Decline to comment

Child's Ethnicity

- African American Caucasian American Indian Asian/Pacific Islander
 Alaska Native Hispanic Other _____ Decline to comment

Employer _____

(This information can assist **thread** identify, advocate, and engage employers in family-friendly policies)

Spouse's Employer _____

Upon completion, please submit your request form to your regional **thread** office listed below:



Southcentral Alaska
P.O. Box 141689 Anchorage AK 99514-1689
Tel 907.563.1966 Fax 907.563.1959
Toll Free 1.800.278.3723 Toll Free Fax 1.877.563.1959

Southeast Alaska
P.O. Box 22870 Juneau, AK 99802
Tel 907.789.1235 Fax 907.789.1238
Toll Free 1.888.785.1235

Interior/Northern Alaska
520 Fifth Ave, Suite D, Fairbanks, AK 99701
Tel 907.459.1439 Fax 907.459.1280

