

## 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**

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**Southcentral Region**  
 3350 Commercial Dr. #203 Anchorage, AK 99501  
 Tel 907.265.3100 Fax 907.265.3191  
 Toll Free 800.278.3723 Toll Free Fax 877.563.1959

**Southeast Region**  
 3100 Channel Dr. #215 Juneau, AK 99801  
 Tel 907.789.1235 Fax 907.789.1238  
 Toll Free 1.888.785.1235

**Northern/Interior Region**  
 1908 Old Pioneer Way Fairbanks, AK 99709  
 Tel 907.479.2214 Fax 907.479.2486  
 Toll Free 1.866.878.2273



## 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    Grandfather  
 Foster Parent    Grandmother    Legal Guardian    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    School  
 Phone Book    Provider    The Children's Place    Website  
 Word of Mouth    TV    Health/Job/Other Fair Related Event    Other \_\_\_\_\_  
 Poster    Agency    Social Service Agency  
 Radio    Newspaper Ad    Tribal Organization

### Reason for Seeking Care

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

### Parent Ethnicity

African American    Caucasian    American Indian    Decline to Comment  
 Alaska Native    Hispanic    Asian/Pacific Islander    Other \_\_\_\_\_

### Child Ethnicity

African American    Caucasian    American Indian    Decline to Comment  
 Alaska Native    Hispanic    Asian/Pacific Islander    Other \_\_\_\_\_

### 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:**

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[www.threadalaska.org](http://www.threadalaska.org)

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