

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 _____

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

Spouse's Employer _____

How would you like to receive your referrals?

- In Person
 Fax
 Email
 Postal Mail

Comments

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

Child Information Page

1) Child's Name _____	Birth Date _____	<input type="checkbox"/> Female	<input type="checkbox"/> Male
2) Child's Name _____	Birth Date _____	<input type="checkbox"/> Female	<input type="checkbox"/> Male
3) Child's Name _____	Birth Date _____	<input type="checkbox"/> Female	<input type="checkbox"/> Male
4) Child's Name _____	Birth Date _____	<input type="checkbox"/> Female	<input type="checkbox"/> Male
5) Child's Name _____	Birth Date _____	<input type="checkbox"/> Female	<input type="checkbox"/> Male

When do you need child care to begin? _____

Day(s) child care is needed

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Time care is needed _____ am pm to _____ am pm

Elementary School _____

Transportation

Needs transportation by provider Before School
 Relies on public transportation After School
 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 Open Holidays
 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

Circle Time/Story Time Faith Based Fenced Yard
 Field Trips Limited TV Multiple Planned Activities
 Outdoor Equipment Pet Free Recreational Program
 Respite Care Smoke Free

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 Samoan Laotian
 Tlingit American Sign Language Bilingual/Other _____

Does your child require special needs accommodations? Yes No

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

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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

What is your tribal affiliation (if any)? _____

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 _____

Military Family

Air Force Reserves National Guard Navy
 Marines Army Coast Guard

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

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