

## 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**

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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

## Child Information Page

1) Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  Female  Male  
 2) Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  Female  Male  
 3) Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  Female  Male  
 4) Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  Female  Male  
 5) Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  Female  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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