



**Child and Family Resources, Inc.
Client Data Entry (Intake)**

GENERAL

Date of Request: _____

General Information

First Name

Last Name

Location (*parent*)

Street Address -

City, State, Zip Code +4-

Family Composition

Single Parent

Two Parent

Teen Parent

Foster/Guardian

Other _____

Mailing (*if different than above*)

Street Address-

City, State, Zip Code +4-

Contact Information

Home Phone-

Work Phone ext.-

Cell Phone Fax-

Email Address-

Client Information

Employer _____

Other Employer _____

Case Type:

Referral

Publication

Technical Assistance

Internet Referral

Internet Referral-Pending

Consultation

Client Type

Fee Paying

Fee Waived

Corporate Contract

OCFS Contract

Other Government Funding Contract

Other Funding

Client Status:

New Client

Previous Client

Prev. Client-New Case

Number of children: _____

Financial Assistance?

Yes

No

Location of Care

Near Home

Near Work/School/Training

Near Child's School

Near Public

Transportation In Own Home

Child General Information

Name 1 _____ **Birthdate** _____

Gender: Male Female

Name 2 _____ **Birthdate** _____

Gender: Male Female

Name 3 _____ **Birthdate** _____

Gender: Male Female

Name 4 _____ **Birthdate** _____

Gender: Male Female

Date Care Needed: _____ **Age Care Needed:** _____

Care Needed:

Full Time Part Time Both

Year Calendar:

Full Year School Year Summer Only

Days Care Needed

Day	Start Time	End Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Extra Care Services

Drop In 24-Hour Before School
After School Rotating Temp/Emergency

Type of Care

Child Care Center Family Child Care Preschool Program
School Age Program (FCC)Group Family Care (FCC)Informal/Exempt
(CCC)Camp (FCC)In-Home/Exempt (CCC)Other

Environment

Smoke Free Smoking Pets No Pets
Pool Fenced Pool Computer Outdoor Play
Fenced Play Area Wood Stove Fireplace Gym

Languages

English Spanish American Sign Language
Chinese (Mandarin) Chinese (Cantonese) Creole
German Russian

Special Needs

Developmental Disability Educational Disability Special Care
Needs
Wheelchair Access Special Diet Sign Language
Moderately Ill/Health Service Transportation Inclusive/Integrated
Itinerant Gifted Other (See Comments)

Medication - MAT

NYS Approved to Give Medications Not NYS Approved to Give Medications
Not Applicable

Program

Universal Pre-K/Pre-K
Nursery School Playgroup
Kindergarten
Head Start/Early Head
Start Special Education
Vacation/Holiday
Special Interest
Summer Recreation
SACC (School Age Child Care)

Additional Care Services

Evening Overnight Weekend Mildly Ill/Sick
Snow Days Respite Care Rotating Schedule

Elementary School (*Identify what school child will be attending if eligible*)

Transportation (*Identify what is desired*)

Transportation Provided Walking distance to school
Near Public Transportation

Comments: _____

STATISTICS

Statistics General

Client's Birthdate: _____ Family Size: _____

Relation to Children:

Father Mother Grandparent
Guardian/Foster Parent Case Worker

Employment Status:

Employed Seeking Employment At Home
Student End Leave of Absence

Adults:

Single Adult Two or more adults

Income Category: (These are state guide lines.)

Family Size 2 Income < \$29,140
Family Size 3 Income < \$36,620
Family Size 4 Income < \$44,100
Family Size 5 Income < \$51,580
Family Size 6 Income < \$59,060
Family Size 7 Income < \$66,540
Family Size 8 Income < \$74,020
Above NYS Poverty Level

Subsidy Eligibility:

Eligible for County Child Care Subsidy
Not Eligible for County Child Care Subsidy

If Eligible for County Care Subsidy

Receiving County Child Care Subsidy
Not Receiving County Child Care Subsidy
On Waiting List for County Child Care Subsidy

Child Health:

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

Referred by:

Child Care Provider LDSS Other Public Agency
Private Agency/CBO Relative/Friend Employer
Phone Book Media/Newspaper Internet
CCRR Website Former Client Regional 211
Other

Reason for Seeking Care

End Leave of Absence Seeking Employment Employment
Training/Education Current Provider No Longer Available
Child's Needs Parent's Needs Dissatisfied with Care
Other No Data