

Child Care Referral Request Form

Delaware Opportunities Inc. Child Care Resource & Referral can help you with your search for child care. Please complete this form and click the submit by email button found at the top of this page. You can also print this form and fax it to 607-746-1648. All information gathered will be kept confidential and there is no fee for this service. A daycare specialist is available Monday-Friday, 9am-5pm and will respond to your request within 1 business day. If you have any questions about this form or would prefer to talk to a daycare specialist please call 607-746-1620 or toll free at 877-746-2279.

Referrals to child care programs by Delaware Opportunities Inc. Child Care Resource & Referral is for referral uses only and is not meant to endorse or recommend.

First name Last name

Mailing Address

City State Zip

Area Code Phone

Email Fax

How would you like to receive child care referrals and information?

- Mail
- Please call me
- Email
- Fax

How many children do you need child care for?

How old is the child(ren) needing care?

**Please tell us where you would like care to be located?
(list the town or city--can be more than 1 location)**

What type of child care are you looking for? (please check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Child Care Center | <input type="checkbox"/> In Home Care | <input type="checkbox"/> Preschool Program |
| <input type="checkbox"/> Family Child Care | <input type="checkbox"/> School Age Child Care | |
| <input type="checkbox"/> Group Family Child Care | <input type="checkbox"/> Camp | |
| <input type="checkbox"/> Informal or Relative Care | <input type="checkbox"/> Universal Pre-K | |

Please tell us what days you need child care:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

**What are the hours that child care is needed?
(example: 8am-5pm)**

Child Care Environment (please check all that apply)

- | | | | |
|-------------------------------------|--|---|------------------------------|
| <input type="checkbox"/> Smoke free | <input type="checkbox"/> Fenced Pool | <input type="checkbox"/> Fenced Play Area | <input type="checkbox"/> Gym |
| <input type="checkbox"/> No Pets | <input type="checkbox"/> Computer | <input type="checkbox"/> Wood Stove | |
| <input type="checkbox"/> Pool | <input type="checkbox"/> Outdoor Play Area | <input type="checkbox"/> Fireplace | |

Medication

- NYS Approved to Give Medications
- Not NYS Approved to Give Medication
- Waiver for Emergency Meds Only
- No Preference

Child Care Subsidy

- Receiving Child Care Subsidy
- Not Receiving Child Care Subsidy
- Would like more information on the Child Care Subsidy Program

Reason for Seeking Child Care?

- End Leave of Absence
- Employment
- Seeking Employment
- Training/Education
- Child's Development
- Dissatisfied with Current Care
- Relocation/Moved
- Decline to Answer
- Current Provider No Longer Available
- Parent's Non-Job Related Needs

Family Composition

- Single Parent
- Two Parent
- Teen Parent
- Grandparent/Other Relative
- Foster/Guardian
- Decline to answer

Employment Location

Is there anything else you would like us to know about your search for child care?

Thank you for completing the Child Care Referral Request Form!