

For Office Use Only	
Date: _____	Search County: _____
Counselor: _____	Billed: _____
Home County: _____	Paid: _____

Child Care Request Form
LOCATE: Child Care Database

DISCLAIMER: All providers listed in LOCATE: Child Care are regulated or approved by the Maryland State Department of Education or certified by the Maryland Department of Health and Mental Hygiene. When LOCATE identifies child care program options for parents, it means only that the programs identified are regulated by the appropriate agency and have met the criteria that agency sets forth. The responsibility for providing LOCATE with accurate listings of regulated providers/programs rests with the appropriate agencies. Responsibility for selecting and employing a child care provider rests with each parent. LOCATE: Child Care cannot guarantee the quality of providers in its files and urges parents to carefully interview and check references before leaving a child in care. A referral from LOCATE does not constitute a recommendation as to the quality of care.

***I have read and agree to this disclaimer:** Yes

Please fax the completed form to **301.772.8410** or send it to:

LOCATE: Child Care
Prince George’s Child Resource Center
9475 Lottsford Road, Suite 202
Largo, MD 20774
Attention: LOCATE Director

Fax request: please allow 24 hours for processing. If you need further assistance dial **301.772.8420**
Please answer all questions. Incomplete answers will delay processing of your request.

Personal Information (Please print clearly)

1. Parent’s full name: _____
2. Address: _____
3. City: _____ State: _____ Zip Code: _____
4. Is English your primary language? Yes No

If no, what is your primary language? _____

Families with children with special needs, such as developmental delays, behavioral issues and physical/medical conditions may be eligible for our Enhanced Services. Please call 301.772.8415 before completing this form for eligibility requirements.

We also have Enhanced Services for employees of companies that have a contract with LOCATE: Child Care. Indicate your employer below.

5. Employer: _____

6. Spouse's employer: _____

7. Have you ever used the LOCATE: Child Care service? (please check one)

Never

Yes. I found care but need more referrals.

Yes. I did not find care and need more referrals.

8. Reason for needing child care?

Parent's job

Moving/relocating

Parent attending school

Parent in training

Parent looking for work

Child's socialization

Child's education

Dissatisfied with current care (reason): _____

To file a complaint call 301.333.6940, the Office of Child Care.

LOCATE: Child Care makes random calls to find out if you were able to find child care and if our service was helpful to you. You may receive a call from both our local and state offices.

May we have your permission to call?

Yes

No

9. Home phone number: _____

10. Work phone number: _____

11. Cell phone number: _____

Which is the best number to call? Home Work Cellular

When is the best time to call between 9:00 am and 5:00 pm? _____

12. What is your relationship to the child? (please check one):

Parent

Agency

Friend

Relative

13. How did you originally hear about LOCATE: Child Care? (please check one)

- | | |
|---|--|
| <input type="checkbox"/> Yellow Pages | <input type="checkbox"/> Department of Social Services |
| <input type="checkbox"/> Media | <input type="checkbox"/> Website |
| <input type="checkbox"/> Poster/Brochure | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> School | <input type="checkbox"/> Relative |
| <input type="checkbox"/> Work | <input type="checkbox"/> Agency (Library, Community Agencies, etc) |
| <input type="checkbox"/> Provider/Program | <input type="checkbox"/> Child Care Resource and Referral Center |
| <input type="checkbox"/> Friend | Name: _____ |

14. How would you like to receive your referrals? (please check one)

- Phone U.S. Mail* Fax Number* _____

**Note: There is a \$10 fee for a printout provided by U.S. Mail, fax or walk-in inquiry.*

15. I would like care near (please check all that apply):

- Residence
- Employment Address: _____
- Parent's school Address: _____
- Relative's home Address: _____
- Child's school and/or residence Address: _____
- Residence and/or employment
- On route to employment and/or school

16. Zip code where care is needed: _____

17. I will travel to my child's child care by (please check one):

- Car Taxi Cab School Bus
- Walk Subway Public Bus (route numbers): _____

Outreach Program Information

LOCATE: Child Care participates in several outreach programs. We ask the following questions to help you determine if you might be eligible for any of these programs. Telephone numbers and program contact information is provided below.

18. What is the size of your immediate family? (parent(s) and child(ren) only): _____

19. Single or Dual Parent Household?: (please check one)

Single Parent Dual Parent

20. How many children are in your immediate family? _____

How many need child care? _____

21. Does your immediate family receive:

TCA—Temporary Cash Assistance Yes No

FS—Food Stamps Yes No

DSS: 301.909.7000

22. Have you applied for TCA but have not started receiving benefits? Yes No

23. Does your child receive:

MA—Medical Assistance Yes No

SSI—Supplemental Social Security Income Yes No

Medical Assistance: 301.209.5000

24. Is there health/medical insurance to cover your child/children under the age of 19?

Yes No

If you do not have health insurance for your child, please read and respond to the following question:

25. Your family might be eligible for **Medicaid** if you meet the following family size and income limits. Please check one:

Family Size Income Limit

2 \$28,000
3 \$35,200
4 \$42,400
5 \$49,600
6 \$56,800
7 \$64,000
8 \$71,200

- YES—may be eligible (**Contact 800.456.8900**)
- Eligible—already have number
- Have current health coverage
- NO—above income eligibility guidelines
- Prefer not to give income information

26. **Answer only if you have a child under the age of 5 years:**

Your family might be eligible for **WIC (Women Infants and Children)** if you meet the following family size and income limits. Please check one:

Family Size Income Limit

1	\$19,240
2	\$25,900
3	\$32,560
4	\$39,220
5	\$45,880
6	\$52,540
7	\$59,200
8	\$65,860

<input type="checkbox"/> YES—eligible (Contact 301.856.9600)
<input type="checkbox"/> Eligible, already have number
<input type="checkbox"/> NO—above income eligibility guidelines
<input type="checkbox"/> Currently receiving WIC
<input type="checkbox"/> Child too old
<input type="checkbox"/> Prefer not to give income information

27. Do you receive **Child Care Subsidy** vouchers? ____ Yes ____ No

If no, please read and respond to the following question:

Your family might be eligible for **Child Care Subsidies** if you meet the following family size and income limits. Please check one:

Family Size Income Limit

2	\$24,277
3	\$29,990
4	\$35,702
5	\$41,414
6	\$47,127
7	\$48,198
8	\$49,269

<input type="checkbox"/> YES—eligible (Contact 301.909.6200)
<input type="checkbox"/> Eligible, no number needed
<input type="checkbox"/> NO—above eligibility guidelines
<input type="checkbox"/> Prefer not to give income information
<input type="checkbox"/> Currently receiving
<input type="checkbox"/> Currently receiving WPA

28. Do you need information on child support enforcement? Yes No

If “Yes”, please call **1.800.332.6347**.

29. Your family may be eligible for the **Earned Income Credit** if you meet the following eligibility requirements:

Family Size	Income Limit
Single parent + 1 child	\$33,995
Single parent + 2 or more children	\$38,646
Married parents + 1 child	\$36,995
Married parents + 2 or more children	\$41,646

Do you think you are eligible?

Yes

No

If "Yes", please contact 1.800.492.0618 or 410.685.0525

Current Child Care Information

30. What is your current child care arrangement?

- Licensed family child care provider
- Licensed group program
- Relative (in relative's home)
- Relative (in parent's home)
- In-home (in parent's home)
- Babysitter (non-relative to child in babysitter's own home)
- Currently not using any child care

31. **Child(ren) information:**

The information below is **required** to process your child care search

	Child 1	Child 2	Child 3	Child 4	Child 5
First name of child					
Age of child					
If child is 5 years old:					
Is child in school?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Is child in full time child care?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Gender (Choose M, F or Unborn)	M <input type="checkbox"/> F <input type="checkbox"/> U <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/> U <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/> U <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/> U <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/> U <input type="checkbox"/>

32. How much are you willing/able to pay for care per week? _____

Are you using vouchers? Yes No

33. When is care needed? (please check one)

- Within the next 15 days
- Within the next 30 days
- Within the next 60 days
- Within the next 90 days
- Beyond 90 days

34. What kind of care? (please check one)

- Part time (less than 5 days per week)
- Full time (5 days per week)
- Temporary
- Back-Up

35. What days do you need care? (check all that apply)

- Monday - Friday
- Saturday and Sunday
- Flexible (day and time of care varies)

36. What hours do you need care?

Drop-off time: _____ Pick-up time: _____
 AM PM AM PM

Flexible (day & time of care varies)

Before School School Name: _____

After School School Name: _____

Before and After School School Name: _____

Before Kindergarten School Name: _____

After Kindergarten School Name: _____

Before and After Kindergarten School Name: _____

Before Head Start or PreK School Name: _____

After Head Start or PreK School Name: _____

Before and After Head Start or PreK School Name: _____

37. What type of care do you prefer?

- Licensed Family Child Care
- Child Care Center
- Family and Center

38. Does you child need an escort to bus stop or school? to Bus Stop to School

39. Special requirements (please check all that apply):

- Non-smoking home
- Smoke-free during the day (smoking occurs only during non-child care hours)
- Fenced yard
- No pool
- Assist in toilet training
- No dogs
- No cats
- Special diet: _____

Type of home: Apartment Single family home Townhouse

Other: _____

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Were CRD referrals given? _____

Were educational materials sent? _____