

ADIRONDACK COMMUNITY ACTION PROGRAMS

Parent Intake Form

Date: _____

Initials: _____

Name: _____

NACCRRA ID#: _____

Address: _____ City: _____

NY, ZIP: _____ County: _____ Phone: _____

Email: _____ Relationship to child(ren): _____

Request for care

Initial _____

Repeat _____

Yearly Income \$ _____

Family Composition

Single Parent _____

Two Parent _____

Foster/Guardian _____

Grandparent _____

Teen Parent _____

Other _____

Family Size

1 _____

2 _____

3 _____

4 _____

5 _____

More _____

Reasons for seeking care

Employment _____

Seeking Employment _____

Student _____

Current care ending _____

Parent's needs _____

Childs needs _____

Dissatisfied with care _____

Type of care

Family DC _____

Group FDC _____

School Age _____

Informal /Exempt _____

Preschool _____

Referred By

Provider _____

Public Agency _____

Relative/Friend _____

Employer _____

Private Agency _____

Website _____

Publication _____

Other _____

Subsidy

Subsidy Eligible _____

Not Eligible _____

Receiving Subsidy _____

Not Receiving _____

Waiting list _____

Extra Care

Drop in _____

After School _____

24 Hour _____

Before School _____

Temporary _____

Overnight _____

Evenings _____

Weekend _____

Other _____

School District: _____

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Children

Name: _____ **DOB** _____ **M/F** _____

Name: _____ **DOB** _____ **M/F** _____

Name: _____ **DOB** _____ **M/F** _____

Name: _____ **DOB** _____ **M/F** _____

Name: _____ **DOB** _____ **M/F** _____

<u>Ages</u>	<u>Days</u>	<u>Times</u>	<u>Day Schedule</u>	<u>Year Schedule</u>
0-11mos _____	Mon _____	Start time _____	Full time _____	Full year _____
12-23mos _____	Tue _____	_____	Part time _____	School year _____
24-35mos _____	Wed _____	End time _____	Both _____	Summer Only _____
3-4 years _____	Thu _____	_____		
5yrs _____	Fri _____			
6yrs-up _____	Sat _____			
No data _____	Sun _____			

<u>Special Needs</u>	<u>Program</u>	<u>Location</u>	<u>Environment</u>
Special Diet _____	Pre K _____	Near home _____	Smoke Free _____
Developmental _____	School age _____	Near Work _____	No pets _____
Educational _____	Nursery _____	Near school _____	Outdoor play _____
Wheel chair access _____	Head Start _____	In home _____	Fenced play area _____
Sign Language _____	Special Ed _____		

Action Taken

New Client _____	Follow Up Attempted-	Follow Up Completed-
Previous Client/Same quarter, new services _____	_____ By Phone	_____ By Phone
Previous Client/New Quarter _____	_____ By Mail	_____ By Mail
Information and referral-	_____ By Email	_____ By Email
_____ By Phone	_____ By Fax	_____ By Fax
_____ By Mail	_____ In Person	_____ In Person
_____ By Email		
_____ By Fax		
_____ In Person		
Provider Complaint		Information Only-
_____		_____ By Phone
_____		_____ By Mail
_____		_____ By Email
		_____ By Fax
		_____ In Person

Comments: _____
