



Child Care Request Form  
LOCATE: CHILD CARE



**DISCLAIMER:** All providers listed in the LOCATE: Child Care database 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 Print Clearly

Date: \_\_\_\_\_

Personal Information

1. Parent's full name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. County and state in which you reside: \_\_\_\_\_, \_\_\_\_\_

5. County in which you need care:
- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Allegany         | <input type="checkbox"/> Anne Arundel    | <input type="checkbox"/> Baltimore City |
| <input type="checkbox"/> Baltimore County | <input type="checkbox"/> Calvert         | <input type="checkbox"/> Caroline       |
| <input type="checkbox"/> Carroll          | <input type="checkbox"/> Cecil           | <input type="checkbox"/> Charles        |
| <input type="checkbox"/> Dorchester       | <input type="checkbox"/> Frederick       | <input type="checkbox"/> Garrett        |
| <input type="checkbox"/> Harford          | <input type="checkbox"/> Howard          | <input type="checkbox"/> Kent           |
| <input type="checkbox"/> Montgomery       | <input type="checkbox"/> Prince George's | <input type="checkbox"/> Queen Anne's   |
| <input type="checkbox"/> St. Mary's       | <input type="checkbox"/> Somerset        | <input type="checkbox"/> Talbot         |
| <input type="checkbox"/> Washington       | <input type="checkbox"/> Wicomico        | <input type="checkbox"/> Worcester      |

6. Have you used the LOCATE: Child Care service within the last month?

- Yes  
 No

7. Reason for needing child care? (Check only one)

- Parent's job
  - Parent attending school
  - Parent in training
  - Parent looking for work
  - Parent Respite
  - Child's socialization
  - Child's Education
  - Current Care Closing
  - Terminated or at risk of termination from care due to behaviors
  - Dissatisfied with current care (reason): \_\_\_\_\_
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We have an enhanced service for families of children with Special needs, such as developmental delays, behavioral issues, physical/mental conditions etc.

Would you be interested in this service?  Yes  No

8. Do you or your spouse/partner work for Johns Hopkins University or Hopkins Health Systems?

Yes  No

9. Is English your primary language?

Yes  No

If no, what is your primary language? \_\_\_\_\_

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LOCATE: Child Care makes random follow-up calls to find out if you were able to find child care and if our service was helpful to you. May we have your permission to call?  Yes  No

10. Home phone number: \_\_\_\_\_

11. Work phone number: \_\_\_\_\_

12. 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? \_\_\_\_\_

13. Email address: \_\_\_\_\_ Fax: \_\_\_\_\_

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

- Parent
- Relative
- Grandparent
- Foster Parent

15. Did you hear about LOCATE through the Department of Social Services?

- Yes       No

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

- Phone       U.S. Mail       Fax \_\_\_\_\_       Email

17. I would like care near (please check one):

- Residence  
 Employment \_\_\_\_\_  
 Child's School \_\_\_\_\_  
 Near residence, employment or school  
 On route to employment and/or school  
 Other \_\_\_\_\_

18. Zip code where care is needed: \_\_\_\_\_

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

- Car       Subway  
 Walk       Light Rail

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### 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.

20. What is the size of your immediate family? (parent(s) and child(ren) only): \_\_\_\_\_

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

- Single Parent       Dual Parent

22. How many children are in your immediate family? \_\_\_\_\_

How many need child care? \_\_\_\_\_

23. Does your immediate family receive?

TCA—Temporary Cash Assistance

- Yes       No

FS—Food Stamps

- Yes       No

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

25. Does your child receive:

MA—Medical Assistance

Yes

No

SSI—Supplemental Social Security Income

Yes

No

26. 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:

27. Your family might be eligible for one of the Maryland Children’s Health Programs (MCHP) if you meet the following family size and income limits. Please check one:

| Family Size | Income Limit |   |
|-------------|--------------|---|
| 2           | \$37,825     | <input type="checkbox"/> YES—we may be eligible<br><input type="checkbox"/> NO—above income eligibility guidelines<br><input type="checkbox"/> Have current health coverage<br><input type="checkbox"/> Prefer not to give income information |
| 3           | \$47,725     |   |
| 4           | \$57,625     |   |
| 5           | \$67,525     |   |
| 6           | \$77,425     |   |
| 7           | \$87,325     |   |
| 8           | \$97,225     |   |

28. 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           | \$21,257     | <input type="checkbox"/> YES—we may be eligible<br><input type="checkbox"/> NO—above income eligibility guidelines<br><input type="checkbox"/> Currently receiving<br><input type="checkbox"/> Child too old<br><input type="checkbox"/> Prefer not to give income information |
| 2           | \$28,694     |  |
| 3           | \$36,131     |  |
| 4           | \$43,568     |  |
| 5           | \$51,005     |  |
| 6           | \$58,442     |  |
| 7           | \$65,819     |  |
| 8           | \$73,316     |  |

29. Your family might be eligible for Child Care Subsidies (Purchase of Care) if you meet the following family size and income limits. Please check one:

| Family Size | Income Limit |  |
|-------------|--------------|--|
| 2           | \$24,277     | <input type="checkbox"/> YES—we may be eligible<br><input type="checkbox"/> NO—above income eligibility guidelines<br><input type="checkbox"/> Currently receiving<br><input type="checkbox"/> Prefer not to give income information<br><input type="checkbox"/> On waiting list |
| 3           | \$29,990     |  |
| 4           | \$35,702     |  |
| 5           | \$41,414     |  |
| 6           | \$47,127     |  |
| 7           | \$48,198     |  |
| 8           | \$49,269     |  |

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

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

| Family Size                          | Income Limit |
|--------------------------------------|--------------|
| Single parent + 1 child              | \$38,511     |
| Single parent + 2 or more children   | \$43,941     |
| Married parents + 1 child            | \$43,756     |
| Married parents + 2 or more children | \$49,186     |

Do you think you are eligible?  Yes  No

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### Current Child Care Information

32. 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

33. Child(ren) information:

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

|                            | Child 1 | Child 2 | Child 3 | Child 4 | Child 5 |
|----------------------------|---------|---------|---------|---------|---------|
| <b>First name of child</b> |         |         |         |         |         |
| <b>Age of child</b>        |         |         |         |         |         |

34. How much are you able to pay for care per week? \$ \_\_\_\_\_

Are you using CCS (Child Care Subsidy)?

Yes  No

35. Do you need care within the next 30 days?

- Yes       No

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

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

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

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Sunday    | <input type="checkbox"/> Thursday                               |
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday                                 |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday                               |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Flexible (days vary from week to week) |

38. What hours do you need care?

Drop-off time: \_\_\_\_\_

Pick-up time: \_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> Flexible (day & time of care varies) | <input type="checkbox"/> After Head Start or PreK only                  |
| <input type="checkbox"/> Before School only                   | <input type="checkbox"/> Before and After Head Start or PreK            |
| <input type="checkbox"/> After School only                    | Escort needed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Before and After School              | School Name: _____  |
| <input type="checkbox"/> Before Head Start or PreK only       |   |

39. What type of care do you prefer?

- Registered Family Child Care, only  
 Licensed Child Care Center, only  
 Family or Center

40. Type of Program: (check only if applies)

- Center  Infant  School age care  Part Day Program
- Nursery school (10 month program)
- Pre-Kindergarten
- Private kindergarten (10 month program)
- Camp/Summer program
- Early Head Start or Head Start (must meet federal poverty level guidelines)

41. 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 \_\_\_\_\_
- Other: \_\_\_\_\_

Do you prefer for your child to be in a particular type of home?

- Yes Type of home \_\_\_\_\_
- No

42. Is there any additional information you would like us to know? \_\_\_\_\_

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Return by Fax to: 410-385-0561

Return by Email to: [intakes@marylandfamilynetwork.org](mailto:intakes@marylandfamilynetwork.org)

Or

Mail to:

LOCATE: Child Care  
1001 Eastern Avenue, Second Floor  
Baltimore, MD 21202

**For Specialist Use Only:**

Educational Materials sent?  Yes  No