

**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.

Please fax the completed form to **301-279-1812** or send it to:

**LOCATE: Child Care**  
**Montgomery County Child Care Resource and Referral Center**  
**332 West Edmonston Drive**  
**Rockville, MD 20852**

Fax request: please allow 24 hours for processing. If you need further assistance dial **240-777-3130**  
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 240-777-3130 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 240-314-1400, the Office of Child Care.

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**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

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9. Work phone number: \_\_\_\_\_
10. Home phone number: \_\_\_\_\_
11. Cell phone number: \_\_\_\_\_
12. Fax number: \_\_\_\_\_

Which is the best number to call?     Work     Home     Cellular

When is the best time to call between 9:00 am-12:00 pm and 1:00 pm- 4:00 pm? \_\_\_\_\_

13. What is your relationship to the child? (please check one):
- Parent                       Agency                       Friend                       Relative

14. 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"/> Child Care Provider/Center | <input type="checkbox"/> Child Care Resource and Referral Center   |
| <input type="checkbox"/> Friend                     | Name: _____  |

15. How would you like to receive your referrals? (please check one)
- Phone                       U.S. Mail                       Fax

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

- 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

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

- Car
- Walk
- Subway (station's name): \_\_\_\_\_
- Public Bus (route numbers): \_\_\_\_\_

### Outreach Program Information

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**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.**

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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

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

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 240-777-4769**)
- Eligible—no number needed
- 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

- YES—eligible (**Contact 301-762-9426**)
- Eligible, no number needed
- NO—above income eligibility guidelines
- Currently receiving WIC
- Child too old
- 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	\$34,500
3	\$52,000
4	\$58,000
5	\$58,000
6	\$58,000
7	\$58,000
8	\$58,000

- YES—eligible (**Contact 240-777-1155**)
- Eligible, no number needed
- NO—above eligibility guidelines
- Prefer not to give income information
- Currently receiving
- 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:

<b>Family Size</b>	<b>Income Limit</b>
Single parent + 1 child	\$33,241
Single parent + 2 or more children	\$37,783
Married parents + 1 child	\$35,241
Married parents + 2 or more children	\$39,783

Do you think you are eligible?  Yes  No  
 If "Yes", please contact **1-800-492-0618** or **1-410-685-0525**.

**Current Child Care Information**

30. What is your current child care arrangement?
- Licensed Family Child Care Provider
  - Licensed Child Care Center
  - 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.

	<b>Child 1</b>	<b>Child 2</b>	<b>Child 3</b>	<b>Child 4</b>	<b>Child 5</b>
First name of child					
Age of child	____ Months or ____ Years	____ Months or ____ Years	____ Months or ____ Years	____ Months or ____ Years	____ Months or ____ Years
Gender (Circle M, F or Unborn)	M F U	M F U	M F U	M F U	M F U

32. If your child is Five (5) years old is he/she enrolled in kindergarten?  Yes  No

33. How much are you willing/able to pay for care per week? \_\_\_\_\_

Are you using POC/WPA?  Yes  No

34. 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

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

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

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

- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Flexible (days vary from week to week)

37. What hours do you need care?

- Drop-off time: \_\_\_\_\_ Pick-up time: \_\_\_\_\_
- AM     PM                       AM     PM

38. What type of care do you prefer?

- Licensed Family Child Care     Child Care Center

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

- Nursery school (10 month program/part day/ages 2 to 5)
- Private kindergarten (10 month program)
- Camp/Summer program
- Flexible (day & time of care varies)
- Before School                      School Name: \_\_\_\_\_
- After School                        School Name: \_\_\_\_\_
- Before and After School        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: \_\_\_\_\_

Does your school aged child need an escort to and from the bus stop or school?

- Escort to/from bus stop     Escort to/from school

40. Special requirements (Check only if requesting a Family Child Care setting):

- Non-smoking household
  - Smoke-free during the day (smoking occurs only during non-child care hours)
  - Fenced yard
  - No pool
  - No pets
  - Special diet: \_\_\_\_\_
  - Other: \_\_\_\_\_
- Type of home:     Apartment     Single family home     Townhouse