



## Child Care Resource and Referral (CCR&R) Network Customer Intake Form

**FORM MUST BE FILLED OUT COMPLETELY**  
Required fields are highlighted

Customer Status:  Walk-In  Mail  In-Person  Phone  Email

Are you currently receiving ELC assistance through the School Readiness program?  Yes  No

Do you have an active application on the waiting list to receive School Readiness services?  Yes  No

PARENT INFORMATION		
Last Name:	First Name:	Middle Initial:
Street Address or PO Box:	City and Zip Code:	County:
Home Phone: Work Phone: Other:	Email:	Date of Birth (optional):

CHILD(REN) INFORMATION (Please list your youngest child first)		
Last Name:	First Name:	Middle Initial:
Date of Birth:	Sex: M      F	Special Needs?: Y      N
Days Care Needed: S   M   T   W   Th   F   S	Time Care Needed: From                  To	Desired Curriculum (optional):
Last Name:	First Name:	Middle Initial:
Date of Birth:	Sex: M      F	Special Needs?: Y      N
Days Care Needed: S   M   T   W   Th   F   S	Time Care Needed: From                  To	Desired Curriculum (optional):
Last Name:	First Name:	Middle Initial:
Date of Birth:	Sex: M      F	Special Needs?: Y      N
Days Care Needed: S   M   T   W   Th   F   S	Time Care Needed: From                  To	Desired Curriculum (optional):
Last Name:	First Name:	Middle Initial:
Date of Birth:	Sex: M      F	Special Needs?: Y      N
Days Care Needed: S   M   T   W   Th   F   S	Time Care Needed: From                  To	Desired Curriculum (optional):





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REASON FOR CARE		REASON FOR CARE (cont.)		RELATIONSHIP	
Asked to Leave Program		Military Reserve/Natl Guard		Parent/Step Parent	
Caregiver No Longer Available		Other/Unknown		Legal Custodian	
Cost Too High		Parent/Child's Needs		Grandparent	
Hurricane/Disaster		Unhappy with Quality		Foster Parent	
Employment/Working		Refused to Answer		Relative	
Child Expelled		Relocation		Sibling	
Job Search		Training/Education		Refused to Share	
Military Deployment					

PROBLEM FINDING CARE		HOUSEHOLD		REFERRED BY (optional)		REFERRED BY (optional)	
Affordability/Cost		Teen Parent		Newspaper/Magazine Ad		Radio Ad	
Care Ending		One Adult		Billboard		Early Learning Coalition	
Curriculum/Program		Two Adults		Brochure/Poster		School or Provider	
Location/Transportation		Refused to Answer		DCF		Television	
Special Needs				Employer/Business		Web Site	
Type of Care				Children's Forum		Word of Mouth	
NA/Refused to share				Friend/relative		Other	
None				Yellow Pages			
No Openings				Office of Early Learning			
Quality				Licensing			
Schedule							

SCHEDULE		SPECIAL NEEDS (optional)		PROVIDER TYPE (optional)		ENVIRONMENT (optional)	
24-Hour Care		Autism Spectrum Disorder		Licensed		Chinese	
After School		ADHD/ADD		License-exempt		Creole	
Before School		Allergies (severe)		Registered		English	
Drop-in Care		Asthma (severe)		Subcontracted		French	
Emergency/Temporary Care		Behavioral Disorder		Gold Seal Accreditation		Filipino	
Evening Care		Cystic Fibrosis				Financial Assistance	
Full Time		Developmental Delay		<b>PROGRAMS</b>		German	
Full Year		Diabetes		Afterschool		Greek	
Over Night		Hearing Impairment		Child Care Center		Green Certified	
Part Time		Mental Disability/Delay		Family Child Care Home		Hebrew	
Respite Care		Medically Challenged		Head Start		Italian	
Summer Only		Other		Nanny/Au-Pair		Limited TV	
School System Weather		Physical Disability/Delay		Play Group		Smoke Free Facility	
School Year		Speech/Language Delay		School Age Program		No TV	
Swing Shift (4pm - 12am)		Seizure Disorder		Summer Camp		Pets	
Weekend Care		Visual Impairment		VPK		Pool on Site	
				VPK Summer		Portuguese	
				Large Florida Child Care Home		Russian	
				School Readiness Provider		Spanish	





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To help you narrow down your search, which zip code(s) would you like to search in? Please list them below:

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Is there anything else you want to let us know to help you with your search?

You may be eligible to receive assistance paying for child care. To see if you qualify, please visit Florida's Early Learning Family Portal: <https://familyservices.floridaearlylearning.com/Account/Login>

Submit this completed form to your ELC caseworker. If you do not have an ELC caseworker, submit this form to [crr@elcbigbend.org](mailto:crr@elcbigbend.org).