

CHILD CARE REFERRAL FORM

Do you need child care? SAL Child Care Connection can help! Are you looking for someone to care for your child while you work or go to school? Do you need a pre-school program where your child can grow and learn? Would you like your child to develop new friendships and practice social interaction? Let us help you with your search for quality care. Complete this form and mail or fax it back to us, and we'll send a list of child care providers in your area.



A program of SAL Family and Community Services

SAL Child Care Connection
3425 N. Dries Ln., Peoria, IL 61604
Phone: 800-421-4371/309-686-3750
Fax: 309-686-3850
www.salccc.org
referrals@salccc.org

<p>Name _____</p> <p>Address _____</p> <p>City _____</p> <p>State _____ Zip Code _____</p> <p>Primary Phone _____</p> <p>Alternate Phone _____</p> <p>Email _____</p> <p>Please check how you want to receive your referral: Email _____ Mail _____ Pick-up _____</p> <p>Are you currently using the Child Care Assistance program? _____yes _____no</p> <p>If no, would you like more information regarding the Child Care Assistance program? _____yes _____no</p>	<p>Today's date _____</p> <p>What is your family size? _____</p> <p>Is this a 1 or 2 parent home? _____</p> <p>Your age ___13-19 years ___20 & over</p> <p>Relation to child(ren) _____</p> <p>Where do you work and or attend school? _____</p> <p>Where does the second adult work and or attend school? _____</p> <p>Ethnic origin _____</p> <p>What is your first language _____</p> <p>Other languages? _____</p> <p>Military status _____</p> <p>Monthly income _____</p>
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List only the children that need care:

FIRST name only	Male/Female	Birthdate	School
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____

Please circle the days of the week you need care. SU M T W TH F SA

What hours do you need care? From _____:_____(am/pm) **To** _____:_____(am/pm)

What type of care would you like to consider? ___Center ___Preschool Program
 ___Family Child Care In-Home ___Head Start/Early Head Start ONLY
 ___Preschool For All ONLY ___Center Before/After School Care ONLY
 ___Center School Age Program

Do you receive any of the following?

- All Kids
- Child Care Assistance Program
- DCFS Voucher
- Foster Family
- LIHEAP
- Medical Card
- Other Child Care Subsidy
- SNAP
- TANF
- WIC Program

Why are you looking for child care?

- Employment
- Training/Education
- Relocation
- Work related
- Parent needs
- Child's needs
- Special needs
- Dissatisfied with current situation
- No provider
- Other _____

How did you hear about us?

- Agency referral
- CCAP unit
- Friend/relative
- Internet
- Employer
- Previous user
- Provider
- Public event

I need a provider that:

- Is within walking distance to school
- Lives near public transportation
- Provides transportation to and or From the school
- Will consider transporting

I need a provider that:

- Smoke Free
- Has no pets at all
- Has a fenced in yard
- Is wheelchair accessible

Special Needs for child:

- Asthma/Severe allergies
- Autism
- Developmental Delays
- Emotional/Behavioral
- Gifted
- Physical
- Sensory
- Sign Language
- Special Health Needs
- Visual Hearing Other

Please search the following cities for my provider: If you are seeking care in Peoria, please indicate the zip codes.

1. _____
2. _____
3. _____
4. _____
5. _____

When do you need care to start?

Do you have health insurance for your child(ren)? yes no

Do you have a health care provider for your child(ren)? yes no