Best Beginnings Child Care Need From

In order to find the best match for you and your children's needs, please complete the following information. The information provided is for referral purposes only. Montana Child Care Resource & Referral agencies and the Best Beginnings Child Care Referrals Program do not warrant the information concerning any provider, nor do we license, endorse, or recommend any particular provider. Only you can determine whether the quality of care is appropriate for your children by thorough screenings and visits with the provider prior to care being provided.

**Please know if there is information missing on this form, we will be contacting you to complete it prior to processing the referral request.

Have you ever received a referral listing in the State of Montana? ☐ **Yes or** ☐ **NO**

***Parent(s) Name(s)**: _____

***E-mail:** _____ ***Phone Number:** _____

***Street Address:** _____ ***City**: _____

***Zip Code:** _____ ***County:** _____

***Mailing Address**: _____ ***City:** _____

***Zip Code:** _____ ***County:** _____

Employed ☐ **Seeking Employment** ☐ **Student** ☐ **At Home Parent** ☐

***Do you receive assistance from any of the following programs?**

Best Beginnings Scholarship ☐ TANF (w/Best Beginnings Scholarship) ☐

Tribal Block Grant ☐ Tribal TANF ☐ No Assistance ☐

***Please search for providers based on:**

Zip Code: _____ City: _____ Elementary School: _____ County: _____

***Start date of care:** _____

Name(s) of Child(ren)	Gender	Date of Birth	Days care is needed	Hours of day care is needed
EX: John Smith	*M*	*3/25/2017*	*Monday - Friday*	*8 AM - 5 PM*

Other Scheduling/Extra Care Needs

☐ Full-time (30+ hrs/week)
☐ Part-time (less than 30 hrs)
☐ Rotating

☐ Full year
☐ School year only
☐ Summer only

☐ Temp/Emergency care
☐ Before/After School care

Type of Care Needed

- ☐ Child Care Center
- ☐ Family Child Care
- ☐ School Age Program
- ☐ Group Home Child Care
- ☐ Preschool Program
- ☐ Tribal-Licensed Program

Type of Needs/Environment

- ☐ Provider will toilet train
- ☐ No TV
- ☐ Uses structured curriculum
- ☐ No pets
- ☐ Outdoor play/activities
- ☐ Wheelchair accessible
- ☐ Non-smoking
- ☐ Offers field trips
- ☐ Summer program

Languages Needed

- ☐ English
- ☐ Sign Language
- ☐ Other
- ☐ Spanish
- ☐ Native American

Special Needs (describe if needed) _____

- ☐ ADHD
- ☐ Autism
- ☐ Catheter
- ☐ Downs Syndrome
- ☐ Diabetes
- ☐ Hearing Impaired
- ☐ Vision Impaired
- ☐ Seizures
- ☐ Cerebral Palsy
- ☐ Tube Feeding
- ☐ Asthma
- ☐ Developmentally Delayed
- ☐ Fetal Alcohol Syndrome
- ☐ Cystic Fibrosis
- ☐ Medical Disability
- ☐ Food Allergies
- ☐ Emotional Mental Health

What School does your child attend _____

Would you like your list to include providers that have waiting lists? ☐ **YES or** ☐ **NO**

Transportation Needed

- ☐ NO transportation needed
- ☐ To/from child's home
- ☐ Walking distance from school
- ☐ I rely on public transportation
- ☐ Before/after school
- ☐ I need family transportation
- ☐ To/from bus stop

How did you learn about our services (*please check all that apply***)**

- ☐ Brochure/poster
- ☐ Child Care Provider
- ☐ Community Agency
- ☐ Employer
- ☐ Friend/Relative/Colleague
- ☐ Internet/website
- ☐ Local CCRR Agency
- ☐ Media-newspaper, radio, TV
- ☐ Phone book-yellow pages
- ☐ Previous user
- ☐ Tribal Program
- ☐ Unknown

What is your reason for seeking child care?

- ☐ Work
- ☐ Looking for work
- ☐ School/training
- ☐ Respite
- ☐ Child's need
- ☐ Parent need
- ☐ Current care closing
- ☐ Asked to leave
- ☐ Unhappy with quality of current care
- ☐ Current cost too high

Would you like a personal consultation on selecting quality child care? ☐ **YES or** ☐ **NO**

How would you like to receive the consumer education information? ☐ **Mail** ☐ **Email** ☐ **Pick up**

How would you like to receive your provider referral list? ☐ **Mail** ☐ **Email** ☐ **Pick up**

Notes/comments/concerns _____