Best Beginnings Child Care Need Form

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.

Today's Date: _______________

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

***Parent(s) Name(s)**: ____

***E-mail:** ______________________________ ***Phone #:** ______________________

***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) ____ Full year ____ Temp/Emergency care

____ Part-time (less than 30 hrs) ____ School year only ____ Before/After School care

____ Rotating ____ Summer only

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 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 ____