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 Referral Program do not guarantee 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 child by thorough screenings and visits with the provider prior to care being provided.

<table>
<thead>
<tr>
<th>DATE:</th>
<th>Have you ever received a referral listing in Montana? ☐ Yes ☐ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAST NAME</td>
<td>FIRST NAME</td>
</tr>
<tr>
<td>ADDRESS (physical)</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>MAILING ADDRESS (if different)</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>PRIMARY PHONE NUMBER</td>
<td>SECONDARY PHONE NUMBER</td>
</tr>
<tr>
<td>EMAIL ADDRESS</td>
<td>FAX PHONE NUMBER</td>
</tr>
<tr>
<td>Do you live in an… ☐ Apartment ☐ House ☐ Mobile Home ☐ Other __________________________</td>
<td></td>
</tr>
<tr>
<td>*If other please specify, for example, hotel, motel, camp ground, shelter</td>
<td></td>
</tr>
<tr>
<td>What best describes you? Select only the primary one.</td>
<td></td>
</tr>
<tr>
<td>☐ Employed ☐ Seeking Employment ☐ Student ☐ At-home Parent</td>
<td></td>
</tr>
<tr>
<td>☐ Serving in the Military ☐ Child and Family Services Division ☐ Foster Parent</td>
<td></td>
</tr>
<tr>
<td>Do you currently receive the Best Beginnings Child Care Scholarship? ☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>If yes, what program are you participating in? ☐ TANF ☐ Non-TANF ☐ CPS ☐ Tribal TANF ☐ Unknown</td>
<td></td>
</tr>
</tbody>
</table>

Do you have a preference on a child care provider’s location. Indicate only one of the following:

- Zip Code: OR City: OR Elementary School: OR County:

Please complete the following information for all children needing child care:

<table>
<thead>
<tr>
<th>Name (First, Last)</th>
<th>Gender</th>
<th>Date of Birth</th>
<th>Days Care is Needed</th>
<th>Hours Care is Needed</th>
<th>Date Care is Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Jane Doe</td>
<td>Female</td>
<td>10/17/2017</td>
<td>Monday-Friday</td>
<td>8 AM-5 PM</td>
<td>6/1/2018</td>
</tr>
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</tr>
</tbody>
</table>

Other Scheduling Needs: Check all that apply:

- ☐ Full-time (More than 30 hours/week)
- ☐ Part-time (Less than 30 hours/week)
- ☐ Before School
- ☐ After School
- ☐ Rotating Schedule
- ☐ Summer Only
## Languages

Do you speak any of the following languages? Multiple choices can be made.

- [ ] English
- [ ] Native American
- [ ] Spanish
- [ ] French
- [ ] German
- [ ] American Sign Language
- [ ] Other

## What Type of Care are you looking for?

- [ ] Child Care Center (13 or more children)
- [ ] Family Child Care (3-6 children)
- [ ] Group Child Care (7-12 children)
- [ ] School Age Program
- [ ] Preschool Program
- [ ] (CCC) Tribal Licensed Program
- [ ] Head Start

## Do you have any needs/preferences regarding the child care provider’s environment?

- [ ] Providers will toilet train
- [ ] Offers field trips
- [ ] Wheelchair accessible
- [ ] Uses a structured curriculum
- [ ] Summer Program
- [ ] No pets at facility
- [ ] Outdoor activities/equipment
- [ ] No TV
- [ ] STARS to Quality Provider
- [ ] Preschool Program
- [ ] English as a Second Language

## Special Needs

If you are looking for a provider with special needs experience, please specify:

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## Waiting List

Do you want your referral listing to include providers with waiting lists? [ ] Yes [ ] No

## Transportation Needs (Only if Required)

- [ ] I need child care to be walking distance from school.
- [ ] I rely on public transportation.
- [ ] I require transportation to and from school.
- [ ] I need family transportation.

## What is your relationship to the child(ren)? Please select one.

- [ ] Mother
- [ ] Father
- [ ] Grandparent
- [ ] Guardian
- [ ] Case Manager
- [ ] Other

If other, please specify:

## How did you learn about child care referral services? Please check all that apply.

- [ ] Employer
- [ ] Friend/relative
- [ ] Previous user
- [ ] Media-newspaper, radio, TV
- [ ] Brochure/Rack Card
- [ ] Community agency
- [ ] Tribal Program
- [ ] Phone book-Yellow Pages
- [ ] Child Care Provider
- [ ] Regional CCR&R Agency
- [ ] Internet/website
- [ ] State of Montana agency

## What is your reason for seeking child care?

- [ ] Work
- [ ] Looking for work
- [ ] School/training
- [ ] Child’s needs
- [ ] Parent’s need
- [ ] Current care closing.
- [ ] Asked to change child care providers
- [ ] Current environment did not meet child’s needs.

## Personal Consultation

Would you like a personal consultation on selecting quality child care? [ ] Yes [ ] No

If yes, please call and schedule an appointment time to speak with a Referral Specialist.

## Consumer Education

How would you like to receive the consumer education information?

- [ ] Mail
- [ ] Email
- [ ] Pick-up
- [ ] I do not want Consumer Education.

## I would like to have my child care referral list: (Please select one)

A child care referral will be available within 1-2 business days and will be provided to you in the preferred way indicated below.

- [ ] I will pick it up from my regional CCR&R agency.
- [ ] Mailed to me at the address listed on the form.
- [ ] Faxed to the number listed on this form.
- [ ] Emailed to me at the email address listed on the form.

## This section is available for you to leave additional information for the Referral Specialist.