



Best BEGINNINGS CHILD CARE REFERRAL PROGRAM 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 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.

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

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

Other Scheduling Needs: Check all that apply:

<input type="checkbox"/> Full-time (More than 30 hours/week)	<input type="checkbox"/> Part-time (Less than 30 hours/week)
<input type="checkbox"/> Before School	<input type="checkbox"/> After School
<input type="checkbox"/> Rotating Schedule	<input type="checkbox"/> 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:

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 Respite care
- 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.