Child Care Request Form
LOCATE: CHILD CARE

DISCLAIMER: All providers listed in the LOCATE: Child Care database are regulated or approved by the Maryland State Department of Education or certified by the Maryland Department of Health and Mental Hygiene. When LOCATE identifies child care program options for parents, it means only that the programs identified are regulated by the appropriate agency and have met the criteria that agency sets forth. The responsibility for providing LOCATE with accurate listings of regulated providers/programs rests with the appropriate agencies. Responsibility for selecting and employing a child care provider rests with each parent. LOCATE: Child Care cannot guarantee the quality of providers in its files and urges parents to carefully interview and check references before leaving a child in care. A referral from LOCATE does not constitute a recommendation as to the quality of care.

*I have read and agree to this disclaimer [ ] Yes

Please Print Clearly

Date: ____________________

Personal Information

1. Parent’s full name: ____________________________________________________________

2. Address: ___________________________________________________________________


4. County and state in which you reside: __________, ______________________

5. County in which you need care: □ Allegany □ Baltimore County □ Baltimore City
   □ Carroll □ Calvert □ Caroline □ Charles
   □ Dorchester □ Frederick □ Garrett □ Kent
   □ Harford □ Howard □ Queen Anne’s □ Talbot
   □ Montgomery □ Prince George’s □ Wicomico □ Worcester
   □ St. Mary’s □ Somerset □
   □ Washington

6. Have you used the LOCATE: Child Care service within the last month?
   [ ] Yes  [ ] No

©Maryland Family Network 2015
7. Reason for needing child care? (Check only one)
   ☐ Parent’s job
   ☐ Parent attending school
   ☐ Parent in training
   ☐ Parent looking for work
   ☐ Parent Respite
   ☐ Child’s socialization
   ☐ Child’s Education
   ☐ Current Care Closing
   ☐ Terminated or at risk of termination from care due to behaviors
   ☐ Dissatisfied with current care (reason): ________________________________

We have an enhanced service for families of children with Special needs, such as developmental
delays, behavioral issues, physical/mental conditions etc.
Would you be interested in this service? ☐ Yes ☐ No

8. Do you or your spouse/partner work for Johns Hopkins University or Hopkins Health Systems?
   Yes ☐ No ☐

10. Is English your native language? ☐ Yes ☐ No
    If no, what is your native language? ______________

LOCATE: Child Care makes random follow-up calls to find out if you were able to find child care and
if our service was helpful to you. May we have your permission to call? ☐ Yes ☐ No

11. Home phone number: __________

12. Work phone number: __________

13. Cell phone number: __________
    Which is the best number to call? ☐ Home ☐ Work ☐ Cellular
    When is the best time to call between 8:30 am and 4:30 pm? __________

14. Email address: __________________________ Fax: __________________________

15. What is your relationship to the child? (please check one):
    ☐ Parent
    ☐ Relative
    ☐ Grandparent
    ☐ Foster Parent

©Maryland Family Network 2015
16. How did you hear about LOCATE?

☐ Department of Social Services
☐ Social Media
☐ MFN Website
☐ Print Advertisements, name publication, if possible
☐ Other

17. How would you like to receive your referrals? (please check one)

☐ Phone      ☐ U.S. Mail      ☐ Fax ________________   ☐ Email

18. I would like care near (please check one):

☐ Residence
☐ Employment __________________________
☐ Child’s School _________________________
☐ Near residence, employment or school
☐ On route to employment and/or school
☐ Other ___

19. Zip code where care is needed: ________________

20. I will travel to my child’s child care by (please check one):

☐ Car      ☐ Subway
☐ Walk      ☐ Light Rail

Outreach Program Information
LOCATE: Child Care participates in several outreach programs. We ask the following questions to help you determine if you might be eligible for any of these programs. Telephone numbers and program contact information is provided below.

21. What is the size of your immediate family? (parent(s) and child(ren) only): ________

22. Single or Dual Parent Household?: (please check one)

☐ Single Parent    ☐ Dual Parent

23. How many children are in your immediate family? ________
How many need child care? ________

24. Does your immediate family receive:
   TCA—Temporary Cash Assistance    ☐ Yes    ☐ No
   FS—Food Stamps                  ☐ Yes    ☐ No

©Maryland Family Network 2015

7/15
25. Have you applied for TCA but have not started receiving benefits?  □ Yes  □ No

26. Does your child receive:
   MA—Medical Assistance  □ Yes  □ No
   SSI—Supplemental Social Security Income  □ Yes  □ No

27. Is there health/medical insurance to cover your child/children under the age of 19?  □ Yes  □ No

If you do not have health insurance for your child, please read and respond to the following question:

28. Your family might be eligible for one of the Maryland Children’s Health Programs (MCHP) if you meet the following family size and income limits. Please check one:

| Family Size | Income Limit |  □ YES—we may be eligible  
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>$41,527</td>
<td>□ NO—above income eligibility guidelines</td>
</tr>
<tr>
<td>3</td>
<td>$52,245</td>
<td>□ Have current health coverage</td>
</tr>
<tr>
<td>4</td>
<td>$62,964</td>
<td>□ Prefer not to give income information</td>
</tr>
<tr>
<td>5</td>
<td>$73,682</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>$84,400</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>$95,118</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>$107,943</td>
<td></td>
</tr>
</tbody>
</table>

29. Answer only if you have a child under the age of 5 years:
Your family might be eligible for WIC (Women Infants and Children) if you meet the following family size and income limits. Please check one:

| Family Size | Income Limit |  □ YESδ we may be eligible  
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$21,775</td>
<td>□ NOδ above income eligibility guidelines</td>
</tr>
<tr>
<td>2</td>
<td>$29,471</td>
<td>□ Currently receiving</td>
</tr>
<tr>
<td>3</td>
<td>$37,167</td>
<td>□ Child too old</td>
</tr>
<tr>
<td>4</td>
<td>$44,863</td>
<td>□ Prefer not to give income information</td>
</tr>
<tr>
<td>5</td>
<td>$52,559</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>$60,255</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>$67,951</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>$75,647</td>
<td></td>
</tr>
</tbody>
</table>

30. Your family might be eligible for Child Care Subsidies (Purchase of Care) if you meet the following family size and income limits. Please check one:

| Family Size | Income Limit |  □ YESδ we may be eligible  
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>$24,277</td>
<td>□ NOδ above income eligibility guidelines</td>
</tr>
<tr>
<td>3</td>
<td>$29,990</td>
<td>□ Currently receiving</td>
</tr>
<tr>
<td>4</td>
<td>$35,702</td>
<td>□ Prefer not to give income information</td>
</tr>
<tr>
<td>5</td>
<td>$41,414</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>$47,127</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>$48,198</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>$49,269</td>
<td></td>
</tr>
</tbody>
</table>
31. Do you need information on child support enforcement?  □Yes  □No

32. Your family may be eligible for the Earned Income Tax Credit if you meet the following eligibility requirements:

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Income Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single parent + 1 child</td>
<td>$39,131</td>
</tr>
<tr>
<td>Single parent + 2 or more children</td>
<td>$44,454</td>
</tr>
<tr>
<td>Married parents + 1 child</td>
<td>$44,651</td>
</tr>
<tr>
<td>Married parents + 2 or more children</td>
<td>$49,974</td>
</tr>
</tbody>
</table>

Do you think you are eligible?  □Yes  □No

---

Current Child Care Information

33. What is your current child care arrangement?

☐ Licensed family child care provider  
☐ Licensed group program  
☐ Relative (in relative’s home)  
☐ Relative (in parent’s home)  
☐ In-home (in parent’s home)  
☐ Babysitter (non-relative to child in babysitter’s own home)  
☐ Currently not using any child care

34. Child(ren) information:
   The information below is required to process your child care search.

<table>
<thead>
<tr>
<th></th>
<th>Child 1</th>
<th>Child 2</th>
<th>Child 3</th>
<th>Child 4</th>
<th>Child 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>First name of child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age of child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

35. How much are you able to pay for care per week?  $ __________

   Are you using CCS (Child Care Subsidy)?

   □ Yes  □ No
37. Do you need care within the next 30 days?
   □ Yes □ No

38. What kind of care? (please check one)
   □ Part time (less than 5 days per week)
   □ Full time (5 days per week)
   □ Temporary
   □ Back-Up

39. What days do you need care? (check all that apply)
   □ Sunday □ Thursday
   □ Monday □ Friday
   □ Tuesday □ Saturday
   □ Wednesday □ Flexible (days vary from week to week)

40. What hours do you need care?
   Drop-off time: ________________  Pick-up time: _______
   □ Flexible (day & time of care varies)
   □ Before School only
   □ After School only
   □ Before and After School
   □ Before Head Start or PreK only
   □ After Head Start or PreK only
   □ Before and After Head Start or PreK
   Escort needed? □ Yes □ No
   School Name: ______________________

41. What type of care do you prefer?
   □ Registered Family Child Care, only
   □ Licensed Child Care Center, only
   □ Family or Center
42. Type of Program: (check only if applies)
   ☐ Center ☐ Infant ☐ School age care ☐ Part Day Program
   ☐ Nursery school (10 month program)
   ☐ Pre-Kindergarten
   ☐ Private kindergarten (10 month program)
   ☐ Camp/Summer program
   ☐ Early Head Start or Head Start (must meet federal poverty level guidelines)

44. Special requirements (please check all that apply):
   ☐ Non-smoking home
   ☐ Smoke-free during the day (smoking occurs only during non-child care hours
   ☐ Fenced yard
   ☐ No pool
   ☐ Assist in toilet training
   ☐ No dogs
   ☐ No cats
   ☐ Special diet: ____________________________________________________________

   ☐ Other: ________________________________________________________________

   Do you prefer for your child to be in a particular type of home?
   ☐ Yes Type of home: ______________________________________________________
   ☐ No

45. Is there any additional information you would like us to know?

   _______________________________________________________________________

Return by Fax to: 410-385-0561
Return by Email to: intakes@marylandfamilynetwork.org
Or
Mail to:

   LOCATE: Child Care
   1001 Eastern Avenue, Second Floor
   Baltimore, MD 21202

For Specialist Use Only:

   Educational Materials sent? ☐ Yes ☐ No