



MARYLAND
FAMILY
NETWORK

LOCATE: Child Care
marylandfamilynetwork.org
(Toll-Free) 877.261.0060

1. Community Line Intake Form

DISCLAIMER: All providers listed in LOCATE: Child Care 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.

If you are looking for care for more than three children, please call us at 877.261.0060

1. Today's date

Enter:

MM/DD/YYYY

* 2. I have read and understand the disclaimer above.

Yes

* 3. First Name:

4. Middle Initial:

* 5. Last Name:

* 6. Address

* 7. City

* 8. Zip code:

9. Are you homeless?

Yes

No

10. Email address

11. Home Phone

12. Work Phone

13. Cell Phone

14. Best way to reach you during the day:

Home phone

Work phone

Cell Phone

Email

Other (please specify)

15. LOCATE has an enhanced service for families whose children have cognitive, motor, medical, or social challenges including behavior. Are you interested in that service?

Yes

No

16. Are you or your spouse an employee of ?

Johns Hopkins University

Johns Hopkins Health System

Pepco

Bayview Hospital

Sibley Hospital

Suburban Hospital

Howard County Hospital

17. If Pepco, please enter your ID number here

18. If you are an employee or student at University of Maryland College Park, please enter your nine digit ID number.



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2. Parent Demographics

* 19. What county do you live in?

- | | | |
|--|----------------------------------|---------------------------------------|
| <input type="radio"/> Anne Arundel | <input type="radio"/> Charles | <input type="radio"/> Prince George's |
| <input type="radio"/> Allegany | <input type="radio"/> Dorchester | <input type="radio"/> Queen Anne's |
| <input type="radio"/> Baltimore City | <input type="radio"/> Frederick | <input type="radio"/> St. Mary's |
| <input type="radio"/> Baltimore County | <input type="radio"/> Garrett | <input type="radio"/> Somerset |
| <input type="radio"/> Calvert | <input type="radio"/> Harford | <input type="radio"/> Talbot |
| <input type="radio"/> Caroline | <input type="radio"/> Howard | <input type="radio"/> Washington |
| <input type="radio"/> Carroll | <input type="radio"/> Kent | <input type="radio"/> Wicomico |
| <input type="radio"/> Cecil | <input type="radio"/> Montgomery | <input type="radio"/> Worcester |

* 20. What county do you want child care in?

- | | | |
|--|----------------------------------|---------------------------------------|
| <input type="radio"/> Anne Arundel | <input type="radio"/> Charles | <input type="radio"/> Prince George's |
| <input type="radio"/> Allegany | <input type="radio"/> Dorchester | <input type="radio"/> Queen Anne's |
| <input type="radio"/> Baltimore City | <input type="radio"/> Frederick | <input type="radio"/> St. Mary's |
| <input type="radio"/> Baltimore County | <input type="radio"/> Garrett | <input type="radio"/> Somerset |
| <input type="radio"/> Calvert | <input type="radio"/> Harford | <input type="radio"/> Talbot |
| <input type="radio"/> Caroline | <input type="radio"/> Howard | <input type="radio"/> Washington |
| <input type="radio"/> Carroll | <input type="radio"/> Kent | <input type="radio"/> Wicomico |
| <input type="radio"/> Cecil | <input type="radio"/> Montgomery | <input type="radio"/> Worcester |

21. Have you used LOCATE in the past month?

- Yes
 No

* 22. Reason for Needing Child Care

- Parent's Job
- Parent Attending School
- Parent in Job Training Program
- Parent Looking for Work
- Parent Respite
- Child's Socialization
- Child's Education
- Current Care Closing
- Dissatisfied with Current Care
- Terminated or at Risk for Termination do to Behavioral Challenges

23. What is your native Language?

24. Should we contact you in your native language?

- Yes
- No

25. To evaluate our service, we do follow up calls to our clients. May we call you?

- Yes
- No

26. Would you like to receive periodic emails from Maryland Family Network regarding child care and family issues?

- Yes
- No

27. What is your relationship to the child?

- Parent
- Grandparent
- Other Relative
- Foster Parent
- Social Worker

28. Are you Active Duty Military?

- Yes
- No

29. If yes, what branch of the Military?

- Air Force
- Army
- Coast Guard
- Marines
- National Guard
- Navy

* 30. How did you hear about LOCATE: Child Care?

- Print Advertisements
- Co-worker
- Social Worker
- Outreach Event
- Hopkins Baby Shower
- Infants and Toddlers Program
- Company Benefits Office
- Provider/Program
- Child Care Aware of America
- Social Media
- MFN Website
- Other (please specify)

* 31. How would you like to receive referrals?

- Email
- Postal Mail
- Over the phone
- Fax

32. If by fax, what is your fax number?

33. What is the size of your immediate family?

34. Single or Dual Parent Household?

Single Parent

Dual Parent

35. How many children are there in your immediate family?

* 36. How many children need child care?



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3. Outreach

37. Does your immediate family receive ? (Check all that apply)

Temporary Cash Assistance (TCA)

Food Stamps (SNAP)

38. Have you applied for TCA but have not yet started to receive benefits?

Yes

No

39. Does your child receive Medical Assistance?

Yes

No

40. Does your child receive Supplemental Security Income (SSI)?

Yes

No

41. Is there health/medical insurance to cover your child or children under the age of 19)

Yes

No

42. If you do not have health insurance for your child, the guidelines for the Maryland Children's Health Program are

Family Size	Income Limit
2	\$41,527
3	\$52,245
4	\$62,964
5	\$73,682
6	\$84,400
7	\$95,118
8	107,943

Do you think you may be eligible?

- Current Health Coverage
- Yes- Eligible
- No-Not Eligible
- Prefer not to give income information

43. If your child is under 5 years old, your family may be eligible for the Women Infant and Children program (WIC). The income guidelines are

Family Size	Income Limit
1	\$21,775
2	\$29,471
3	\$37,167
4	\$44,863
5	\$52, 559
6	\$60,255
7	\$67,951
8	\$75,647

- Yes - Eligible
- No - above income eligibility guidelines
- Currently Receiving
- Child too old
- Prefer not to give income information

44. Do you receive the Child Care Subsidy?

- Yes
- No

45. If you are not currently receiving the Child Care Subsidy, you may be eligible if your income meets the following income guidelines.

Family Size	income Limit
2	\$48,637
3	\$60,081
4	\$71,525
5	\$82,969
6	\$94,413
7	\$96,558
8	\$98,704
9	\$100,850
10	\$102,996

- Currently Receiving
- Yes - Eligible
- No- above income guidelines
- On Waiting list
- Prefer not to give income information.

46. Do you need information on Child Support Enforcement?

- Yes
- No

47.

Your family may be eligible for the Earned Income Tax Credit if you are raising one child and earned less than \$39,131 in 2017 (less than \$44,651 married filing jointly or if you were raising two or more children and earned less than \$44,454 (less than \$49,974, married, filing jointly).

- Do you feel you may be eligible? If so, contact First Call for Help at 1-800-492-0618 or 410-685-0525
- No I am not eligible
- Prefer not to give income information



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4. Child Care Needs

* 48. Where would you like care?

- Residence
- Employment
- School
- Near Residence, School or Employment
- On Route to Employment or School

49. What is the address of your place of employment?

50. Preferred zip codes for care?

Zip Code 1

Zip Code 2

Zip Code 3

Zip Code 4

51. What type of Transportation will you be using?

- Car
- Walk
- Public Bus
- Light Rail
- Subway

* 52. What is your current child care arrangement?

- Licensed family child care provider
- License Group Program
- Relative (in relative's home)
- Relative (in your home)
- In-home (in parent's home)
- Babysitter (non-relative to child in babysitter's own home)
- Currently not using any child care
- Other (please specify)

53. Do you know of any current providers?

54. Date Care is Needed:

Date / Time

55. Children for whom you need care: Child #1

First Name of Child

Gender

Date of Birth

How much are you able to pay per week for Child #1?

Care Need in (Days)

56. Length of Care Needed, Child # 1

- Full-Time
- Part-Time
- Temporary
- Back-up

57. Days of the week Child # 1

- Monday - Friday
- Weekday + Weekend
- Weekend only
- Flex
- Part Week

58. Hours Child # 1

- Daytime
- Evening
- Early
- Overnight
- Flexible
- Before School
- After School
- Before and After School
- Before and After Middle School
- Before and After Preschool

* 59. Type of Care Child #1

- Group Child Care
- Licensed Family Child Care Provider
- Group and Family

60. Type of Program Child #1

- Child Care Center
- Infant
- School
- Nursery School
- Kindergarten
- Part-Day
- Head Start
- Early Head Start
- Camp
- Summer
- Pre-K

61. Name of School Child # 1

62. Escort? Child #1

- Yes
- No

63. Drop Off Time Child #1

Date / Time

hh	mm	-	▼
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64. Pick Up Time Child # 1

Time

hh	mm	-	▼
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65. Children for whom you need care: Child #2

First Name of Child

Gender

Date of Birth

How much are you able to pay per week for Child #2?

Care Need in (Days)

66. Length of Care Needed, Child # 2

- Full-Time
- Part-Time
- Temporary
- Back-up

67. Days of the week Child # 2

- Monday - Friday
- Weekday + Weekend
- Weekend only
- Flex
- Part Week

68. Hours Child #2

- Daytime
- Evening
- Early
- Overnight
- Flexible
- Before School
- After School
- Before and After School
- Before and After Middle School
- Before and After Preschool

69. Type of Care Child #2

- Group Child Care
- Licensed Family Child Care Provider
- Group and Family

70. Type of Program Child #2

- Child Care Center
- Infant
- School
- Nursery School
- Kindergarten
- Part-Day
- Head Start
- Early Head Start
- Camp
- Summer
- Pre-K

71. Name of School Child # 2

72. Escort? Child #2

- Yes
- No

73. Drop Off Time Child #2

Date / Time

hh	mm	-	▲▼
----	----	---	----

74. Pick Up Time Child # 2

Time

hh	mm	-	↑ ↓
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75. Children for whom you need care: Child #3

First Name of Child

Gender

Date of Birth

How much are you able to pay per week for Child #3?

Care Need in (Days)

76. Length of Care Needed, Child # 3

- Full-Time
- Part-Time
- Temporary
- Back-up

77. Days of the week Child # 3

- Monday - Friday
- Weekday + Weekend
- Weekend only
- Flex
- Part Week

78. Hours Child #3

- Daytime
- Evening
- Early
- Overnight
- Flexible
- Before School
- After School
- Before and After School
- Before and After Middle School
- Before and After Preschool

79. Type of Care Child #3

- Group Child Care
- Licensed Family Child Care Provider
- Group and Family

80. Type of Program Child #3

- Child Care Center
- Infant
- School
- Nursery School
- Kindergarten
- Part-Day
- Head Start
- Early Head Start
- Camp
- Summer
- Pre-K

81. Name of School Child # 3

82. Escort? Child #3.

Yes

No

83. Drop Off Time Child #3

Date / Time

-

84. Pick Up Time Child # 3

Time

-

85. Special Requirements (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

Other

86. Other information you would like us to know:

87. Comments