



Sullivan County Child Care Council, Inc.

7 Community Lane, Liberty, N.Y. 12754-2847 - P.O. Box 186, Ferndale, N.Y. 12734-0186

Phone: (845) 292-7166 Toll Free: (877) 292-7190 Fax: (845) 292-1755

E-mail: info@scchildcare.com Website: www.scchildcare.com

Hours of Operation: Monday - Friday 8:30am - 4:30 pm

CHILD CARE RESOURCE AND REFERRAL AGENCY

Referral Counselor: _____

*Parent's Name: _____

Date: _____ Age: _____

Caller/Spouse Name: _____

Phone # _____

* Location Address: _____ Apt. _____

*Mail: _____

Email Address _____

_____ Mailed Parent Pack Date: _____
_____ Mailed Subsidy Application Date: _____
_____ Mailed Referr: Date: _____
_____ Mailed Pre-School or Camp List (if needed)
_____ Mailed Infant/Toddler Packet (if needed)

Family Composition Single Parent____ Two Parent____ Teen Parent____ No Info____
Foster/Guardian____ Grandparent/Relative____ Other____

Family Size _____

Location of Care: Near Home____ Near Work School Training____ Near Child's School____ Near Public Trans____ LE or Nanny____

Case Type: New Client____ Previous Client____ Previous Client New Service____ Township: _____

Referral____ Consultation____ School District _____

Race _____ Language _____ *Employer/location: _____

*Date care needed: _____ Transportation: _____ * Seeking Employment Education

Immunizations _____ Insurance: _____ Doctor: _____ Mat Cert: _____

*Work Schedule: ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday ___ Sunday

*Hours: _____ am / pm to _____ am / pm _____ Full Time ___ Part Time ___ Both

*Schedule: ___ Full Year ___ School Year ___ Summer Only ___ Part-Week ___ Before School ___ After School
___ Weekends ___ Evenings ___ Overnight ___ Temporary/Emergency ___ Snow days ___ Rotating

*Type of Care: ___ FDC ___ GFD ___ Center ___ LE
___ Head Start ___ Nursery School ___ Pre-K ___ Camp ___ School Age

*Child's Name	*Date of Birth	*Gender	*Hours for child care	*Special needs or medication

Comments: _____

*Eligibility Status: ___ Receiving Public Assistance ___ Public Assistance Pending ___ Ineligible
___ Day Care Subsidy Eligible ___ Receiving ___ Not Receiving

*Referred by: ___ Provider ___ LDSS ___ Other Public Agency ___ Private Agency ___ Regional 211
___ Friend/Relative ___ Employer ___ Newspaper/Media ___ Phone Book ___ Other CCR&R
___ Internet ___ CCRR Website ___ Former Client ___ Work Force ___ Other

*Reason for Care: ___ Employment ___ Seeking Employment ___ Training/Education ___ Relocating
___ Child's Needs ___ Parent's Needs ___ Current Provider no longer available ___ Expecting Child
___ Cost Too High ___ Asked to Leave ___ Dissatisfied with Care
___ No Data ___ Work Force Orientaion ___ Other

Referrals Given: _____ Naccra ID: _____

**These names are intended as referrals only. We do not endorse or recommend any particular provider nor can we assure the level of quality of care that is offered by any provider.