

CHILD CARE REFERRAL FORM

Do you need child care? SAL Child Care Connection can help! Are you looking for someone to care for your child while you work or go to school? Do you need a preschool program where your child can grow and learn? Would you like your child to develop new friendships and practice social interaction? Let us help you with your search for quality care. Complete this form and mail or fax it back to us, and we'll send a list of child care providers in your area.



Child Care Connection of Central Illinois

SAL Child Care Connection
3425 N Dries Ln, Peoria, IL 61604
Phone: 800-421-4371/309-686-3750
Fax: 309-686-3850
Website: www.salccc.org
Email: referrals@salccc.org

Name _____
Address _____
City _____
State _____ **Zip Code** _____
Primary Phone _____
Alternate Phone _____
Email _____
Please check how you want to receive your referral:
Email _____ Mail _____ Pick-up _____
Are you currently using the Child Care Assistance program? _____yes _____no
If no, would you like more information regarding the Child Care Assistance program? _____yes _____no

Today's date _____
What is your family size? _____
Is this a 1 or 2 parent home? _____
Your age __13-19 years __20 & over
Relation to child(ren) _____
Where do you work and or attend school?

Where does the second adult work and or attend school? _____
Ethnic origin _____
What is your first language _____
Other languages? _____
Military status _____
Monthly income _____

List only the children that need care:

| FIRST name only | Male/Female | Birthdate | School |
|-----------------|-------------|----------------|--------|
| _____ | _____ | ____/____/____ | _____ |
| _____ | _____ | ____/____/____ | _____ |
| _____ | _____ | ____/____/____ | _____ |
| _____ | _____ | ____/____/____ | _____ |

Please circle the days of the week you need care.
Sunday Monday Tuesday Wednesday Thursday Friday Saturday

What hours do you need care? From _____:_____ (am/pm) To _____:_____ (am/pm)

What type of care would you like to consider? ___ Child care center; ___ Preschool Program; ___ Family Child Care In-Home; ___ Head Start/Early Head Start; ___ Preschool For All; ___ Child Care Center Before/After School Care; ___ School Age Program

Do you receive any of the following?

- All Kids
- Child Care Assistance Program
- DCFS Voucher
- Foster Family
- LIHEAP
- Medical Card
- Other Child Care Subsidy
- SNAP
- TANF
- WIC Program

Why are you looking for child care?

- Employment
- Training/Education
- Relocation
- Work related
- Parent needs
- Child's needs
- Special needs
- Dissatisfied with current situation
- No provider
- Other _____

How did you hear about us?

- Agency referral
- CCAP unit
- Friend/relative
- Internet
- Employer
- Previous user
- Provider
- Public event

I need a provider that:

- Is within walking distance to school
- Lives near public transportation
- Provides transportation to and or From the school
- Will consider transporting

I need a provider that:

- Smoke Free
- Has no pets at all
- Has a fenced in yard
- Is wheelchair accessible

Special Needs for child:

- Asthma/Severe allergies
- Autism
- Developmental Delays
- Emotional/Behavioral
- Gifted
- Physical
- Sensory
- Sign Language
- Special Health Needs
- Visual Hearing Other

Please search the following cities for my provider: If you are seeking care in Peoria, please indicate the zip codes.

1. _____
2. _____
3. _____
4. _____
5. _____

When do you need care to start?

Do you have health insurance for your child(ren)? yes no

Do you have a health care provider for your child(ren)? yes no

Has your child(ren) completed a developmental screening recently? yes no