

## Emergency Care Child Care Parent Intake (COVID19)

### GENERAL (ALL areas MUST be completed)

Date of Intake: \_\_\_\_\_ Care Needed: Start Date \_\_\_\_\_ End Date \_\_\_\_\_

#### General Information

Parent/Guardian First Name \_\_\_\_\_ Last Name \_\_\_\_\_

#### Home Address (parent/guardian)

Street Address - \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

#### Mailing (if different than above)

Street Address- \_\_\_\_\_

City, State, Zip Code +4- \_\_\_\_\_

#### Contact Information

Home/Cell Phone- \_\_\_\_\_

Work Phone ext.- \_\_\_\_\_

Email Address- \_\_\_\_\_

#### Client Information

Employer Name \_\_\_\_\_

☐ Health Care ☐ First Responder

☐ Essential Worker (Circle)

Shipping      Media      Warehousing      Grocery/food production      Pharmacies

Utilities      Banks/financial institutions      Child care worker

Other critical industry (list) \_\_\_\_\_

#### Child General Information

Name 1 \_\_\_\_\_ Age \_\_\_\_\_ Name 2 \_\_\_\_\_ Age \_\_\_\_\_

Gender: Male Female Gender: Male Female

Name 3 \_\_\_\_\_ Age \_\_\_\_\_ Name 4 \_\_\_\_\_ Age \_\_\_\_\_

Gender: Male Female Gender: Male Female

#### Days/Times Care Needed

Day	Start Time	End Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

**Languages Needed**

English

Spanish

American Sign Language

**Special Needs of Child**

Developmental Disability

Educational Disability

Special Care Needs

Wheelchair Access

Special Diet

Sign Language

Moderately Ill/Health Service

Inclusive/Integrated

**Medication to be administered**

NYS Approved to Give Medications

Not Applicable

**Additional Care Services needed**

Evening

Overnight

Weekend

Mildly Ill/Sick

Respite Care

Rotating Schedule

**Transportation** (*Identify what is desired*)

Transportation Provided

Walking distance to school

Near Public Transportation

**STATISTICS**

Parent/Guardian: \_\_\_\_\_ Family Size: \_\_\_\_\_

**Relation to Children:**

Father

Mother

Grandparent

**Adults:**

Single Adult

Two or more adults

Guardian/Foster Parent

Case Worker

**Financial Assistance Needed?****Yes****No***Contact Family of Woodstock, Inc.-Child Care Connections 845-331-7080***Household Income Category:** *Circle one*

NYS Poverty Family Size 1 &lt; \$24,980

NYS Poverty Family Size 2 &lt; \$33,820

NYS Poverty Family Size 3 &lt; \$42,660

NYS Poverty Family Size 4 &lt; \$51,500

NYS Poverty Family Size 5 &lt; \$60,340

NYS Poverty Family Size 6 &lt; \$69,180

NYS Poverty Family Size 7 &lt; \$78,020

NYS Poverty Family Size 8 &lt; \$86,860

**Referred by: How did you hear about us?**

Child Care Provider

LDSS

Other Public Agency

Private Agency/CBO

Relative/Friend

Employer

Phone Book

Media/Newspaper

Internet

CCRR Website

Former Client

Regional 211

**(Each Friday) All NEW Parent Intakes and Form OCFS-6050 Emergency****Reservation form must be returned with weekly attendance to****Family of Woodstock, PO Box 3516, Kingston, NY 12401****or email [kwolfeil@fowinc.org](mailto:kwolfeil@fowinc.org)**

