



MARYLAND  
FAMILY  
NETWORK

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

## Customer Intake Form

### 1. Community Line Intake Form

Welcome to LOCATE: Child Care's customer intake form. Please complete the form to let us know your child care needs. We will search for providers who meet your needs and send you a list of up to six providers. If at anytime you would like another list, please call us at 877.261.0060 and we can send you one quickly.

If you are a full-time employee or student of Johns Hopkins University or Health System, please go to the following link: [Johns Hopkins Registration form](#).

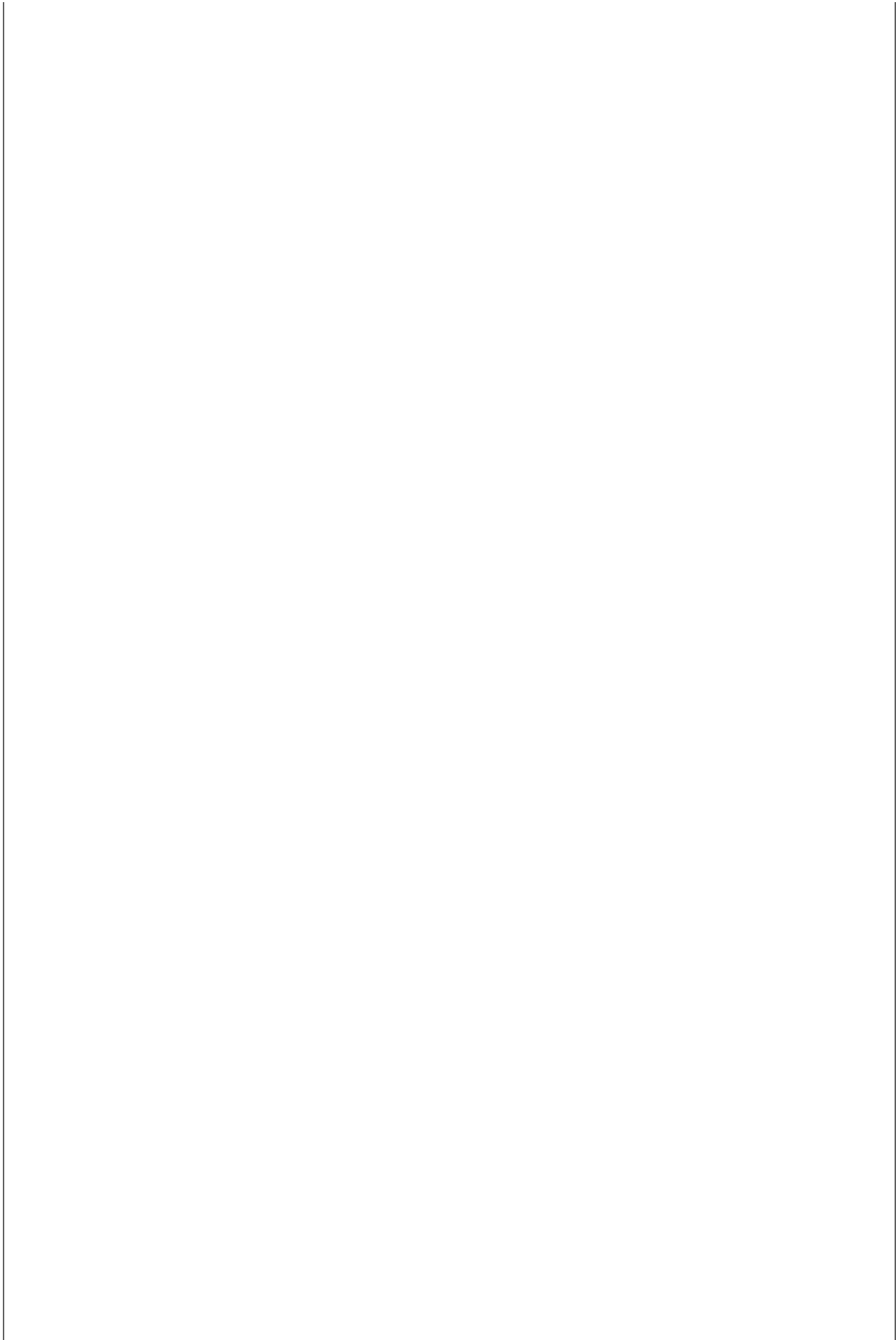
LOCATE has an enhanced service for children who have Special Needs and an Individualized Educational Plan (IEP) or an Individualized Family Service Plan (IFSP) . If you would like to use this service, please go to our [Special Needs Intake Form](#)

**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.**

\* 1. In order to receive referrals you must accept the disclaimer above

I accept the disclaimer above

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





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2.

2. Today's date

Enter:

Date

MM/DD/YYYY

\* 3. First Name:

\* 4. Last Name:

\* 5. Address

\* 6. City

\* 7. Zip code:

\* 8. Email address

\* 9. Primary Phone Number

10. Is your primary number a cell phone?

- Yes
- No

11. Secondary Number

12. Is your secondary number a cell phone?

- Yes
- No

13. Best way to reach you during the day:

- Primary Number
- Secondary Number
- Email only
- Other (please specify)



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3. Parent Demographics

\* 14. 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       |

\* 15. What county (ies) do you want child care in? (Check all that apply)

- Anne Arundel
- Allegany
- Baltimore City
- Baltimore County
- Calvert
- Caroline
- Carroll
- Cecil
- Charles
- Dorchester
- Frederick
- Garrett
- Harford
- Howard
- Kent
- Montgomery
- Prince George's
- Queen Anne's
- St. Mary's
- Somerset
- Talbot
- Washington
- Wicomico
- Worcester

\* 16. Where would you like care?

- Near my Residence (Address above)
- Near my Employment
- Near my child's School
- Near Residence, School or Employment
- On Route to Employment or School

17. If you want care near an address other than your residence address, please enter that address here.

<b>Address</b>	<input type="text"/>
<b>Address 2</b>	<input type="text"/>
<b>City</b>	<input type="text"/>
<b>State</b>	<input type="text"/>
<b>ZIP/Postal Code</b>	<input type="text"/>

\* 18. 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 due to Behavioral Challenges
- Other (please specify)

19. What is your primary language?

20. Should we contact you in your primary language?

- Yes
- No

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

- Yes
- No

22. What is your relationship to the child?

- Parent
- Grandparent
- Other Relative
- Foster Parent
- Social Worker
- Other (please specify)

\* 23. How did you hear about LOCATE: Child Care?

- Child Care Resource Center
- Child Care Scholarshp
- Child Care Aware
- Child Care Provider/Program
- Coworker
- Doctor's office
- Department of Social Services
- Event
- Friend/Family
- Google or other Web search
- Hospital/NICU
- Infants and Toddlers Program
- Maryland EXCELS
- Maryland Family Network website
- Office of Child Care
- Previous LOCATE customer
- Print Advertisement
- Radio
- School
- Social Media
- Social Worker other than DSS
- WIC
- Other (please specify)



\* 24. How would you like to receive referrals?

- Email
- Postal Mail
- Over the phone
- Fax

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

26. How many people are in your household?

27. Household structure?

- Single Parent
- Dual Parent
- Multi-Family

\* 28. How many children need child care?



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4. Outreach

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

- Temporary Cash Assistance (TCA)
- Applied for TCA but not yet received
- Food Stamps (SNAP)
- Maryland Children's Health Program
- Supplemental Security Income
- Child Care Scholarship (Formerly Subsidy Vouchers)

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

Family Size	income Limit
2	\$61,222
3	\$75,627
4	\$90,033
5	\$104,438
6	\$118,843
7	\$121,544
8	\$124,245
9	\$126,946
10	\$129,647
11	\$132,348
12	\$135,049

- Currently Receiving
- Yes - Eligible
- No- above income guidelines
- On Waiting list
- Prefer not to respond

**If you are eligible for the Child Care Scholarship and would like a Family Resource Specialist to help you submit an application, please call 877.261.0060**



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5. Child Care Needs

31. Preferred zip codes for care?

Zip Code 1

Zip Code 2

Zip Code 3

Zip Code 4

\* 32. What is your current child care arrangement?

- Licensed family child care provider
- Child Care Center
- Early Head Start
- Public Pre-K
- 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)

33. Do you know of any current providers?

\* 34. 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?

\* 35. Length of Care Needed, Child # 1

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

\* 36. Days of the week Child # 1

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

\* 37. 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

\* 38. Type of Care Child #1 Select all that apply

- Child Care Center
- Licensed Family Child Care Provider
- Head Start (Income Requirements) \*
- Early Head Start (Income Requirements) \*
- Public PreK (Income Requirements)\*
- Private PreK
- Private Kindergarten
- Part-time Preschool
- Summer Program
- [\\*Click here for Income Requirements for Head Start, Early and Head Start](#)
- [Click here for public PreK Income Requirements](#)

39. Name of the closest Elementary School, Child # 1

40. Do you need an escort for Child #1?

- Yes
- No

41. Drop Off Time Child #1

Date / Time

Time AM/PM

hh	mm	-	↑	↓
----	----	---	---	---

42. Pick Up Time Child # 1

Time

Time AM/PM

hh	mm	-	↑	↓
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43. Do you need care for more than one child?

- Yes
- No



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6.

44. 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?

45. Length of Care Needed, Child # 2

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

46. Days of the week Child # 2

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

47. 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

48. Type of Care Child #2 Select all that apply

- Child Care Center
- Licensed Family Child Care Provider
- Head Start (Income Requirements) \*
- Early Head Start (Income Requirements) \*
- Public PreK (Income Requirements)\*
- Private PreK
- Private Kindergarten
- Part-time Preschool
- Summer Program

49. Name of the closest elementary school for Child # 2

50. Do you need an escort for Child #2?

- Yes
- No

51. Drop Off Time Child #2

Date / Time

Time AM/PM

hh	mm	-	↑	↓
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52. Pick Up Time Child # 2

Time

Time AM/PM

hh	mm	-	↑ ↓
----	----	---	--------

53. 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?

54. Length of Care Needed, Child # 3

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

55. Days of the week Child # 3

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

56. 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

57. Type of Care Child #3 Select all that apply

- Child Care Center
- Licensed Family Child Care Provider
- Head Start (Income Requirements) \*
- Early Head Start (Income Requirements) \*
- Public PreK (Income Requirements)\*
- Private PreK
- Private Kindergarten
- Part-time Preschool
- Summer Program

58. Name of School Child # 3

59. Escort? Child #3.

- Yes
- No

60. Drop Off Time Child #3

Date / Time

Time AM/PM

hh	mm	-	↑
----	----	---	---

61. Pick Up Time Child # 3

Time

Time            AM/PM  
  -

62. 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 (please specify)

63. Other information you would like us to know:

64. Comments

65. (For Office Use) Specialist



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7.



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8.

Thank you for using LOCATE: Child Care. We will send your referrals within two business days. Please call 877-261-0060 with any questions or changes.