In order to find the best match for you and your children’s needs, please complete the following information. The information provided is for referral purposes only. MT Child Care Resource & Referral agencies and the Best Beginnings Child Care Referral Program do not warrant the information concerning any provider, nor do we license, endorse, or recommend any particular provider. Only you can determine whether the quality of care is appropriate for your child by thorough screenings and visits with the provider prior to care being provided.

Please Print Legibly

Today’s Date: __________________ Have you ever received a referral listing in the State of Montana?  Yes  No

Parent(s) Name: __________________________________________________________________________________________________

Street Address: ___________________________________________ City: __________________ St.: MT Zip: __________

County: ______________________________________

Mailing Address: ___________________________________________ City: __________________ St.: MT Zip: __________

Primary phone number: ________________________________

Fax: ________________________________ E-mail: ________________________________

Employed ______  Seeking employment ______  Student ______  At home parent ______

Who is your employer? __________________________________________________________________________

What is your position? __________________________________________________________________________

Do you receive payment assistance from any of the following programs?

- Best Beginnings Scholarship
- TANF (w/Best Beginnings Scholarship)
- Tribal Block Grant
- Tribal TANF
- No assistance

We are able to search for child cares based on specific location requests - Please indicate a preference of the daycare location. I want to search for providers based on:

- Zip Code: ________ OR City: ____________ OR Elementary School: ____________ OR County: ____________

Please complete the following information for all children needing child care:

Starting date care is needed: ___________

<table>
<thead>
<tr>
<th>Name(s) of Child(ren)</th>
<th>Gender</th>
<th>Date of Birth</th>
<th>Days care is needed</th>
<th>Hours care is needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>EX: Jane Doe</td>
<td>F</td>
<td>10/17/2007</td>
<td>Mon – Fri</td>
<td>8 AM - 5 PM</td>
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</tbody>
</table>

Other scheduling needs - check all that apply:

- Full-time (30+ hrs/week)
- Part-time (less than 30 hrs)
- Full year care
- School year only
- Drop in care
- Before school care
- Rotating schedule
- Summer only
- 24-hour care
- After school care
- Temp./emergency care
**What type of care are you looking for?**

- [ ] Child Care Center (13 or more children)
- [ ] School Age Program
- [ ] Preschool Program
- [ ] Family Child Care (3–6 children)
- [ ] Group Child Care (7–12 children)
- [ ] School Age Program
- [ ] Group Child Care (CCC) Tribal Licensed Program

**Do you have any Needs/Preferences regarding Environment?**

- [ ] Provider will toilet train
- [ ] No pets at facility
- [ ] Non-smoking facility
- [ ] No vehicle transportation
- [ ] Offers field trips
- [ ] Outdoor activities
- [ ] Outdoor play equipment
- [ ] Preschool Program
- [ ] Wheelchair accessible
- [ ] Uses a structured curriculum
- [ ] No TV
- [ ] No vehicle transportation

**Do you need a provider who speaks a language other than English? YES NO** If yes, what language? ________________

**If you are looking for a provider with special needs experience, please specify:** ________________

**Do you want your referral listing to include providers with waiting lists? (circle one)**

- [ ] YES
- [ ] NO

**Who is providing your current care?**

- [ ] Family/group child care
- [ ] Family member
- [ ] No current care
- [ ] Before/after school program
- [ ] Child care center
- [ ] Friend
- [ ] Preschool
- [ ] Head Start
- [ ] Nanny
- [ ] LUP/LUI

**What school does your child attend?** ________________

**Transportation Needs (Only if Required)**

- [ ] I need child care to be walking distance from school
- [ ] I rely on public transportation
- [ ] I require transportation from provider
- [ ] I need family transportation

**If you require transportation from your child care provider, please specify need.**

- [ ] To/from Kindergarten
- [ ] Before/after school
- [ ] To/from child’s activities
- [ ] To/From Bus Stop

**What is your relation to the child(ren)? (Circle one)**

- [ ] Mother
- [ ] Father
- [ ] Grandparent
- [ ] Guardian
- [ ] Case manager
- [ ] Other

**What is your family size?**

- [ ] Single adult in household
- [ ] Two or more adults in household
- [ ] Number of children

**How did you learn about our services? (Please check all that apply)**

- [ ] Employer
- [ ] Media-newspaper, radio, TV
- [ ] Phone book-yellow pages
- [ ] Child Care Provider
- [ ] Friend/relative
- [ ] Brochure / Rack card
- [ ] Tribal program
- [ ] Local CCR&R Agency
- [ ] Previous user
- [ ] Community agency
- [ ] Internet/website

**What is your reason for seeking child care?**

- [ ] Looking for work
- [ ] Child’s need
- [ ] Asked to leave
- [ ] School/training
- [ ] Parent’s need
- [ ] Unhappy with quality of current care
- [ ] Current cost too high

**Would you like a personal consultation on selecting quality child care? (circle one)**

- [ ] YES
- [ ] NO

If yes, please call and schedule an appointment time to speak with a Referral Specialist.

**How would you like to receive the consumer education information?**

- [ ] Mail
- [ ] Email
- [ ] Pick-Up
- [ ] eGuide

**Please know if there is information missing on this form, we will be calling you to complete it prior to processing the referral request.**

**I would like to have my referral list: (check one)**

- [ ] I will pick it up from my Local CCR&R Agency. Please list date and time: ______________________
- [ ] Mailed to me at the address listed on the front.
- [ ] Please fax to the number listed on the front.
- [ ] E-mailed to me at the e-mail listed on the front.