

Date: _____
PLEASE PRINT CLEARLY
Completed: _____

NEFWC Waitlist Initial Intake Form

Entered By: _____
Date _____

Parent Name: _____ **Parent Soc. Security #:** _____ **DOB:** _____ **Gender:** _____

<input type="checkbox"/> Single Parent	<input type="checkbox"/> Married	<input type="checkbox"/> Teen Parent
<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Guardian	<input type="checkbox"/> Military Parent
<input type="checkbox"/> Grandparent Under 65	<input type="checkbox"/> Grandparent 65 or Over	

Race:	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Hispanic
	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Native Hawaiian/Other Pacific		
	<input type="checkbox"/> Other			

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<input type="checkbox"/> Single Parent	<input type="checkbox"/> Married	<input type="checkbox"/> Teen Parent
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Race:	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Hispanic
	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Native Hawaiian/Other Pacific		
	<input type="checkbox"/> Other			

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Other Phone Number:** _____

Primary Language: _____ **Secondary Language:** _____

Household Monthly Income: _____ **Total Family Size:** _____

Income Details:	
<input type="checkbox"/> Employment	<input type="checkbox"/> Self-Employment
<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Child Support
<input type="checkbox"/> Child Support	<input type="checkbox"/> Housing
<input type="checkbox"/> SSA/SSI	<input type="checkbox"/> Other Fed Benefit

Reason for Needing Child Care: (please check all that apply)

- Employment
- Education & Training
- Seeking Employment
- Special Need of Child
- Special Need of Parent
- TAFDC Recipient/Household
- Receiving Services from DCF
- Homeless Shelter Activity
- Retired Caregiver Age 65 & Over

Children: PLEASE PRINT CLEARLY

First Name	Middle Name	Last Name	DOB	Soc. Sec. Number
Gender				
Child Has Special Needs (y/n) ____		Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Native		
School Grade Level ____		<input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian/Other Pacific <input type="checkbox"/> Other		
<hr/>				
First Name	Middle Name	Last Name	DOB	Soc. Sec. Number
Gender				
Child Has Special Needs (y/n) ____		Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Native		
School Grade Level ____		<input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian/Other Pacific <input type="checkbox"/> Other		
<hr/>				
First Name	Middle Name	Last Name	DOB	Soc. Sec. Number
Gender				
Child Has Special Needs (y/n) ____		Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Native		
School Grade Level ____		<input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian/Other Pacific <input type="checkbox"/> Other		

Child Care Waitlist Priority Codes: Please check all that apply

- General Priority
- Child of Foster Care
- Child of Homeless Family
- Child of Military Personnel
- Child of Teen Parent
- Child with Special Needs
- Parent with Special Needs
- Cont. of Care-Aging Out
- Cont. of Care-Approved Break in Service
- Cont. of Care-ARRA
- Cont. of Care-Geographic Relocation
- Cont. of Care-Homeless Contract
- Cont. of Care-Prior Year Summer Only
- Cont. of Care-Supportive Referral
- Cont. of Care-Teen Parent Contract
- Grandparent/Guardian
- Sibling Contract
- Sibling Voucher
- Summer Only Care

Please Return Completed Form to:

New England Farm Workers' Council

1628-1640 Main St, Springfield, MA 01103 Fax #: 413-746-9743