

SOCIAL SERVICES REFERRAL TO ACD

To: _____ From: _____ Date: ____/____/____

| | |
|------------------------|------------------------|
| Director, RA #: | Agency: |
| Address: | Address: |
| Boro: _____ Zip: _____ | Boro: _____ Zip: _____ |
| Day Care Program Name: | |

1. Basic Data

| | | | | |
|--------------------------------|----------------|-------------|---------------|------|
| Mother | Last Name: | First Name: | Maiden Name: | Tel: |
| | Street Address | Apt No. | Boro: | Zip: |
| Father | Last Name: | First Name: | | Tel: |
| | Street Address | Apt No. | Boro: | Zip: |
| Applicant If Not Parent | Last Name: | First Name: | Relationship: | Tel: |
| | Street Address | Apt No. | Boro: | Zip: |

Children Needing Day Care

| NAME | SEX | BIRTH DATE | PRIMARY LANGUAGE | TYPE OF DAY CARE | LENGTH OF TIME FOR WHICH DAY CARE IS RECOMMENDED |
|------|-----|------------|------------------|---|--|
| | | | | <input type="checkbox"/> GDC P/S <input type="checkbox"/> GDC INF <input type="checkbox"/> FDC FT <input type="checkbox"/> GDC S/A <input type="checkbox"/> GDC SPEC <input type="checkbox"/> FDC PT | _____ NO. OF MONS. _____ NO. OF YEARS |
| | | | | <input type="checkbox"/> GDC P/S <input type="checkbox"/> GDC INF <input type="checkbox"/> FDC FT <input type="checkbox"/> GDC S/A <input type="checkbox"/> GDC SPEC <input type="checkbox"/> FDC PT | _____ NO. OF MONS. _____ NO. OF YEARS |
| | | | | <input type="checkbox"/> GDC P/S <input type="checkbox"/> GDC INF <input type="checkbox"/> FDC FT <input type="checkbox"/> GDC S/A <input type="checkbox"/> GDC SPEC <input type="checkbox"/> FDC PT | _____ NO. OF MONS. _____ NO. OF YEARS |

All Other Household Members

| NAME | KINSHIP | BIRTH DATE | NAME | KINSHIP | BIRTH DATE |
|------|---------|------------|------|---------|------------|
| | | | | | |
| | | | | | |

Other Involved Agencies

| AGENCY NAME | AGENCY ADDRESS | CONTACT | TELEPHONE |
|-------------|----------------|---------|-----------|
| | | | |
| | | | |

2. Family Use of Day Care Service

a. Is family in receipt of assistance? PA Yes No HA Yes No
b. If family is not receiving any form of Income Support, does family have the ability to pay day care, if required? Yes No
c. If "yes" is family willing to pay such a fee? Yes No
d. Attitude of Parent/Caretaker toward placement of children in day care:
 Highly Favorable Favorable Indifferent Resistant Highly Resistant
e. Are there any limitations in transporting child(ren) to and from day care program? Yes No
 If "yes", describe: _____

