

Client Intake Form

Lane Family Connections (LFC)
4000 E 30th Avenue
Eugene, OR 97405-0640
(541) 463-3954 800-222-3290
or FAX (541) 463-4724

For more information visit our website at
www.lanec.edu/lfc



Lane Family Connections (LFC), a department of Lane Community College (LCC), is a child care resource referral service linking parents to potential child care providers in Lane County. Once we receive the following information, LFC will contact you within 1-2 business days. LFC will send and or email referrals to your home address after submitting this form, usually within 3-5 working days. If you need child care immediately, please call a consultant at 463-3954, or 800-222-3290. _____

LFC offers referrals only, rather than recommendations. Your actual interviewing process of each provider will insure the quality you select for your children. If you have any questions, please call us. This form may also be faxed or mailed.

Fill in form and save to your form. You can attach completed form to an email, or print to mail or fax.

First Name _____ Last Name _____ Male Female Have you used our services? Yes No

Street Address _____ Unit _____ City _____ State _____ Zip _____

Home phone _____ Work phone _____ message or cell fax _____ fax _____

E-mail: _____

If looking for childcare other than near your home, what address Street Address

Street Address _____ Unit _____ City _____ State _____ Zip _____

If employed, name of employer of each adult in household:

Employer of 1st Adult _____

Employer of 2nd Adult _____

Children Needing Child Care

(Child 1) First Name _____ Male Female Date of Birth _____

Days Care is needed: Mon _____ Tues _____ Wed _____ Thu _____ Fri _____ Sat _____ Sun _____

Time child care is needed: Drop off time _____ Pick up Time: _____ Grade: _____

(Child 2) First Name _____ Male Female Date of Birth _____

Days Care is needed: Mon _____ Tues _____ Wed _____ Thu _____ Fri _____ Sat _____ Sun _____

Time child care is needed: Drop off time _____ Pick up Time: _____ Grade: _____

(Child 3) First Name _____ Male Female Date of Birth _____

Days Care is needed: Mon _____ Tues _____ Wed _____ Thu _____ Fri _____ Sat _____ Sun _____

Time child care is needed: Drop off time _____ Pick up Time: _____ Grade: _____

(Child 4) First Name _____ Male Female Date of Birth _____

Days Care is needed: Mon _____ Tues _____ Wed _____ Thu _____ Fri _____ Sat _____ Sun _____

Time child care is needed: Drop off time _____ Pick up Time: _____ Grade: _____

Extra Services Drop in 24-Hour Before School After School Rotating Temp/Emergency

Type of Child care: (check all that apply)

- Child Care Center Family Child Care Regulated Preschool Program
 School age program (CCC) Certified Family Child Care (CCC) Recreation Program
 Non-regulated Child Care

Environment

- No smoking on premises
- No dogs
- No TV
- Covered Outdoor Play area
- No pets at all
- Pets separate from children
- Monitored TV
- Outdoor Play structure
- No Cats
- Completely Fenced Yard
- Outdoor Play area

Languages

- English
- Vietnamese
- Japanese
- German
- Farsi
- Spanish
- Korean
- Chinese
- French
- Arabic
- Russian
- Hmong
- Sign Language
- Tagalong
- other (specify) _____

Special Needs

- Behavior supervision/supports
- Diapering/Toileting assistance
- Nursing Care
- Wheelchair access
- Communication supports
- Mobility assistance
- Physical therapy
- Accessible bathroom
- Socialization supports
- Medication supports
- Specialized equipment
- No experience ok if willing to learn

Extended Hours

- Early morning (starting between 3 am and 5:59 am)
- Weekend (regular care on Saturday and/or Sunday)
- Occasional overnight
- Flexible pm
- Evening (after 6:30 pm)
- Occasional early morning
- Occasional weekend
- Overnight (at least between 10 pm and 3 am)
- Occasional evening
- Flexible am

Where seeking care

- Near Home
- Near work
- Near parents school
- Near child's school
- What school _____

Transportation

- Transportation Provided
- Walking Distance to School
- Near Public Transportation
- Near School bus
- Transports to/from Preschool
- Transports to/from Kindergarten
- Transports to/from designated area school
- Transportation multiple schools
- Transports to/from child's home
- Transports to/from sport/activities

Number of Adults in household: _____

Number of Children in household: _____

Your Relationship to child(ren) Mother Father Grandparent Guardian Other

Your Ethnic Background

Choose ONE you most closely relate to.

- Caucasian
- Hispanic/Latino/Chicano
- Native American/Alaskan
- Asian-Indian
- Black /African American
- Hawaiian-Pacific Islander

Subsidy Eligibility Mark ALL that apply

- Receiving food stamps
- On Oregon Health Plan
- On other DHS medical program
- Check DHS copay calculator for more detail:
- ERDC, family size 2 - \$1,561/mo gross
- ERDC, family size 3 - \$1,959/mo gross
- ERDC, family size 4 - \$2,356/mo gross
- ERDC, family size 5 - \$2,754/mo gross
- ERDC, family size 6 - \$3,234/mo gross
- ERDC, family size 7 - \$3,549/mo gross
- ERDC, family size 8+ - \$3,946/mo gross

Eligibility Status: Who is primarily paying for childcare

- Paying entirely for own child care
- DHS/ICCP
- DHS Child Welfare
- Employer assisting with child care costs
- Workforce Investment Act (WIA)
- School assisting with child care costs
- Possibly DHS eligible
- Other payment assistance

Income Category: Under \$24,999 \$25,000-\$44,999 \$45,000 and above

Referred by

- Internet
- Newspaper
- Friend or relative
- DHS
- Lead agency
- Employer
- Community event
- Provider
- CCD
- 211
- Flyer/Brochure
- Phone book
- Physician or hospital
- Other community agency
- Unemployment office

Reason seeking care

- Employment
- Training or education
- Child's needs
- Child's special needs
- Seeking employment
- Current care ending
- Cost issues
- Backup care
- Relocation
- Parent's needs
- Quality issues

Print this form, fill in your information and mail or fax it to us.
LFC 4000 E 30th Avenue Eugene, OR 97405 **Fax 463-4724**