

# Client Intake Form

Family Connections of Lane and Douglas Counties  
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.lanecc.edu/lfc](http://www.lanecc.edu/lfc)



Family Connections of Lane and Douglas Counties, 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, we will contact you within 1-2 business days. Family Connections 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 541.463.3954 or 1.800.222.3290. Email completed forms to: [familyconnections@lanecc.edu](mailto:familyconnections@lanecc.edu)

Family Connections 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. You can attach your 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
- What 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

**To Email:** Fill in this form, save it on your computer. Then start your email and attach form before sending.  
Email to [familyconnections@lanecc.edu](mailto:familyconnections@lanecc.edu) and [dreilingd@lanecc.edu](mailto:dreilingd@lanecc.edu)