



Child Care Choices of Boston
www.childcarechoicesofboston.org



Information & Referral Department Family Profile

Attached is a Child Care Choices of Boston family profile. The information is used to search for child care providers that meet your family's needs and/or to apply to be put on the Region 6 Centralized Waitlist for an Income Eligible Subsidy.

We are required by our funding sources to collect this information from all CCCB customers. Additionally, the information helps us to understand better the characteristics and the needs of the community we serve. This will help us improve our services as well as develop new and innovative ways to help our clients. We encourage you to answer the questions honestly and completely. All of the information is completely confidential, and our services are FREE.

If you have any questions or concerns, please contact an Information & Referral Specialist by calling the I&R parent line at (617) 348-6641.

Return the profile to:
I&R Department—Family Profile
Child Care Choices of Boston
105 Chauncy Street
Boston, MA 02111

Please Note: If you are placed on the Income Eligible Waitlist, you will receive periodic letters from our department. ***You must respond to all inquiries sent to you by CCCB or you may be removed or dropped to the bottom of the waitlist.***

KEEP THIS PAGE FOR YOUR INFORMATION

Information regarding *Income Eligible Subsidies*

- There is currently a *waiting list* to receive a subsidy. It is not *immediate* assistance.
 - To qualify for an Income Eligible subsidy, at the time the subsidy is issued the family must meet the following income eligibility requirements:
 - The family's gross monthly income must be at or below 50% of the State Median Income (SMI).
 - Families who have a qualifying parent or child with a documented special need may have a gross monthly income at or below 85% of the SMI.
 - The family must also be participating in one or more of the following approved activities:
 - Employment (working/minimum of 20 hours per week);
 - Seeking employment (for a grace period of 8 weeks only);
 - Participating in education or training (not including graduate, medical, or law school);
 - Housing search or other shelter activities, if homeless;
 - Military service and deployed or activated to a combat zone;
- OR** Must meet one of the other criteria listed below:
- A parent with a documented special need that makes them unable to care for the child during the time for which care is being requested;
 - A child with a documented special need who would benefit from early education and care;
 - A parent/guardian age 65 or over and retired.
- In two parent families, both parents must meet one or more of the activity/other criteria listed above.
 - Families that participate in one or more activity 30 or more hours per week are eligible for full-time child care (a maximum of 50 hours of care).
 - Families that participate in one or more activity at least 20 hours but less than 30 hours per weeks are eligible for part-time child care (a maximum of 30 hours of care).

Documentation verifying the above criteria will be required before a subsidy will be issued.

Please print or type clearly.

This document must be completed in its entirety for it to be processed in a timely fashion. Please answer each question by checking (✓) the appropriate response or writing your answer in the space provided. If you have any questions, please ask or call the parent line at (617) 542-5437, ext.6641.

Today's Date: _____

PARENT (OR LEGAL GUARDIAN) #1 INFORMATION:

| | |
|--|---|
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| First Name: _____ | Last Name: _____ |
| Address: _____ | Apt. #: _____ |
| City: _____ | State: _____ Zip: _____ |
| Home phone: (____) _____ | Other Phone: (____) _____ |
| Date of birth: _____ | Place of birth: _____ |
| Email Address: _____ (if applicable) | |
| Service Need: What is the reason you are seeking child care services? | |
| <input type="checkbox"/> Full-time employment (30 or more hours /week) | <input type="checkbox"/> Full-time student |
| <input type="checkbox"/> Part-time employment | <input type="checkbox"/> Part-time student |
| | <input type="checkbox"/> Incapacitated parent |
| | <input type="checkbox"/> Job Search |
| | <input type="checkbox"/> Other: _____ |

| |
|---|
| Family Size: How many people in your household are you financially responsible for? Please include yourself, spouse (if applicable), and children legally in your custody: _____ |
| How many <u>children</u> under the age of 18 are included in your family size: _____ |

| | | |
|-----------------------------------|--|---|
| Family Status: (check one) | <input type="checkbox"/> Two parent household | <input type="checkbox"/> Relative with legal custody of child (ren) |
| | <input type="checkbox"/> Single parent/age 18 years and over | <input type="checkbox"/> Grandparent |
| | <input type="checkbox"/> Single parent/under 18 years of age | <input type="checkbox"/> Foster Parent |
| | | <input type="checkbox"/> Other: _____ |

| | | | |
|--------------------------------|--------------------------------------|--------------------------------------|--|
| Age: (please check one) | <input type="checkbox"/> 12-17 years | Ethnicity: (please check one) | <input type="checkbox"/> Black/Not Hispanic |
| | <input type="checkbox"/> 18-23 years | | <input type="checkbox"/> White/Not Hispanic |
| | <input type="checkbox"/> 24-44 years | | <input type="checkbox"/> Hispanic Origin |
| | <input type="checkbox"/> 45-54 | | <input type="checkbox"/> Native American/Alaskan |
| | <input type="checkbox"/> 55-69 years | | <input type="checkbox"/> Asian/Pacific Islander |
| | <input type="checkbox"/> 70 or over | | <input type="checkbox"/> Other: _____ |

| | | | |
|---|---|--|---|
| Education: (Please check the <u>highest</u> level of education you have achieved.) | <input type="checkbox"/> 0-8 th grade | Housing: (Please check which best describes your current situation.): | <input type="checkbox"/> Rent a home |
| | <input type="checkbox"/> 9 th -12 th grade (no diploma) | | <input type="checkbox"/> Own a home |
| | <input type="checkbox"/> High School Diploma | | <input type="checkbox"/> Live with others |
| | <input type="checkbox"/> GED | | <input type="checkbox"/> Homeless |
| | <input type="checkbox"/> 12 + some post secondary | | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> 2 year college degree | | |
| | <input type="checkbox"/> 4 year college degree | | |

| | | |
|-------------------------------|---------------------------------------|--|
| Other Characteristics: | Do you have health insurance ? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Are you disabled ? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Do you receive food stamps ? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Sources of Income:Check here if you have **No Income** at all: I have NO INCOMEDo you or does anyone in your family receive **TAFDC**? Yes NoDo you or does anyone in your family receive **SSI**? Yes NoDo you or does anyone in your family receive **Social Security**? Yes NoDo you or does anyone in your family receive a **Pension**? Yes NoDo you or does anyone in your family receive **General Assistance** (EAEDC)? Yes NoDo you or does anyone in your family receive **Unemployment Insurance**? Yes NoDo you receive any **other** source of income (not including wages/salary)? Yes No

Explain: _____

If you receive any of the above **plus** you collect **wages** from a job, check here: Wages +If you receive none of the above but you collect **wages only**, check here: Wages only**Language:** What is your preferred language of communication? (please check one) English Cantonese Greek Spanish Capeverdean Creole Russian Portuguese Arabic Korean Vietnamese Italian Mandarin Khmer Haitian/Creole Sign Language Other: _____**If you are employed, please complete the information in this box:**

Employer: Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: (_____) _____

**For two-parent households, please complete the following
 PARENT(OR LEGAL GUARDIAN) #2 INFORMATION:**

Gender: Male Female

First Name: _____ **Last Name:** _____

Date of birth: _____ **Place of birth:** _____

Service Need: (Please check one of the following.)

Full-time employment Full-time student Incapacitated parent
 Part-time employment Part-time student Job Search
 Other: _____

| | |
|---|---|
| <p>Education: (Please check the <u>highest</u> level of education s/he have achieved.)</p> <p><input type="checkbox"/> 0-8th grade <input type="checkbox"/> 9th-12th grade (no diploma) <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> 12 + some post secondary <input type="checkbox"/> 2 year college degree <input type="checkbox"/> 4 year college degree</p> | <p>Ethnicity: (please check one)</p> <p><input type="checkbox"/> Black/Not Hispanic <input type="checkbox"/> White/Not Hispanic <input type="checkbox"/> Hispanic Origin <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other: _____</p> |
|---|---|

Total Household Gross Income (Income before taxes and deductions.) *Please do the following:*

1. Only fill in the information for your appropriate household type (single parent OR two parent household).
2. If you are getting paid at a job, please check the pay schedule which reflects when you get paid and write in the dollar amount you receive each paycheck BEFORE DEDUCTIONS (gross income NOT net income).

Single Parent:

Hourly Rate \$ _____ / hour. # of hours worked weekly: _____

Weekly Gross \$ _____ / week

Bi-weekly Gross \$ _____ / 2 wks.

Monthly Gross \$ _____ / month.

Please check and fill in the amounts of any other income you receive

Child Support \$ _____ per _____

Unemployment \$ _____ per _____

Social Security \$ _____ per _____

SSI \$ _____ per _____

Other income \$ _____ per _____

Explain any other income: _____

* * * * *

Two Parent: Use the above box for the 1st parent, and complete the information in this box.

2nd parent income:

Hourly Rate \$ _____ / hour # of hours worked weekly: _____

Weekly Gross \$ _____ / week

Bi-weekly Gross \$ _____ / 2 wks.

Monthly Gross \$ _____ / month

Please check and fill in the amounts of any other income you receive

Child Support \$ _____ per _____

Unemployment \$ _____ per _____

Social Security \$ _____ per _____

SSI \$ _____ per _____

Other income \$ _____ per _____

Explain any other income: _____

Please note that if your total gross income is greater than 50% of the state median income (85% if your child has a diagnosed special need), you will NOT be eligible to go on the waitlist.

Have you ever received Welfare and your case was closed within the last year? Yes No

If YES, why? (check only one):

Employment Unable to work due to disability

Time limit Grandparent not receiving a welfare grant

SSI Other: _____

If due to employment, did you receive child care services after it was closed? Yes No

The following CHILD FORMS ask specific information about the type of child care you have/need/want. Please fill out one for each child that needs care or who needs to go on the waitlist.

CHILD FORM #1 (*If the child is not yet born, fill in as much information as possible.)

Check here if this child is to be placed on the Income Eligible Waitlist

First Name: _____

Last Name: _____

Date of birth: _____

Date for care: _____

A due date can be used if child is unborn.

Approximate date you are looking for care to begin (can be ASAP).

Gender: Male Female

Place of birth: _____

Has this child been *diagnosed* with any of the following special needs? (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Behavioral Disability | <input type="checkbox"/> Emotional/social disability | <input type="checkbox"/> Physical disability |
| <input type="checkbox"/> Cognitive (learning) disability | <input type="checkbox"/> Hearing disability | <input type="checkbox"/> Speech/language disability |
| <input type="checkbox"/> Developmental disability | <input type="checkbox"/> Medical disability | <input type="checkbox"/> Visual disability |
| <input type="checkbox"/> Other: _____ | | |

Do you currently have child care arrangements for this child? Yes No

If yes, what type of child care arrangements are you using? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Group Day Care Center | <input type="checkbox"/> Before School only (for children 6 years and older) |
| <input type="checkbox"/> Family Child Care Home | <input type="checkbox"/> After School only (for children 6 years and older) |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Summer Camp |
| <input type="checkbox"/> Informal child care (friend, neighbor, relative caring for child) | <input type="checkbox"/> Other: _____ |

And is the slot *subsidized* (on a sliding scale fee)? Yes No I don't know

If yes, please check the type of subsidy you are receiving:

- Contracted Slot Community Partnership Slot Other _____
-

If you need assistance looking for child care, please tell us what type of care are you looking for:

- | | |
|---|--|
| <input type="checkbox"/> Group Day Care Center | <input type="checkbox"/> Before School only (for children 6 years and older) |
| <input type="checkbox"/> Family Child Care Home | <input type="checkbox"/> After School only (for children 6 years and older) |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Summer Camp |
| <input type="checkbox"/> Nursery School (part-day/part-week care) | <input type="checkbox"/> Other: _____ |

Days care is needed: (Check all that apply.) Sun. Mon. Tues. Wed. Thurs. Fri. Sat.

Hours that you will need care: From: _____ am/pm To: _____ am/pm

Where do you prefer the care to be? (check all that apply)

Near your home
 Near your work
 Near the child's school
 Other: _____

Please use this space to describe any other specific characteristics you are looking for in a child care provider:

If you have additional children that you are NOT putting on the Waitlist, please see the bottom of page 7.

CHILD FORM #2 (If applicable)

Check here if this child is to be placed on the Income Eligible Waitlist

First Name: _____

Last Name: _____

Date of birth: _____

Date for care: _____

A due date can be used if child is unborn.

Approximate date you are looking for care to begin (can be ASAP).

Gender: Male Female

Place of birth: _____

Has this child been *diagnosed* with any of the following special needs? (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Behavioral Disability | <input type="checkbox"/> Emotional/social disability | <input type="checkbox"/> Physical disability |
| <input type="checkbox"/> Cognitive (learning) disability | <input type="checkbox"/> Hearing disability | <input type="checkbox"/> Speech/language disability |
| <input type="checkbox"/> Developmental disability | <input type="checkbox"/> Medical disability | <input type="checkbox"/> Visual disability |
| | | <input type="checkbox"/> Other: _____ |

Do you currently have child care arrangements for this child? Yes No

If yes, what type of child care arrangements are you using? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Group Day Care Center | <input type="checkbox"/> Before School only (for children 6 years and older) |
| <input type="checkbox"/> Family Child Care Home | <input type="checkbox"/> After School only (for children 6 years and older) |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Summer Camp |
| <input type="checkbox"/> Informal child care (friend, neighbor, relative caring for child) | <input type="checkbox"/> Other: _____ |

And is the slot *subsidized* (on a sliding scale fee)? Yes No I don't know

If yes, please check the type of subsidy you are receiving:

- Contracted Slot Community Partnership Slot Other: _____

If you need assistance looking for child care, please tell us what type of care are you looking for:

- | | |
|---|--|
| <input type="checkbox"/> Group Day Care Center | <input type="checkbox"/> Before School only (for children 6 years and older) |
| <input type="checkbox"/> Family Child Care Home | <input type="checkbox"/> After School only (for children 6 years and older) |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Summer Camp |
| <input type="checkbox"/> Nursery School (part-day/part-week care) | <input type="checkbox"/> Other: _____ |

Days care is needed: (Check all that apply.) Sun. Mon. Tues. Wed. Thurs. Fri. Sat.

Hours that you will need care: From: _____ am/pm To: _____ am/pm

Where do you prefer the care to be?
(check all that apply)

- Near your home
 Near your work
 Near the child's school
 Other: _____

IF YOU NEED REFERRALS FOR MORE THAN TWO (2) CHILDREN, PLEASE REQUEST ADDITIONAL CHILD FORMS.

If you have additional children not listed above, please provide the following information:

| <u>Name</u> | <u>Date of Birth</u> | <u>Place of Birth</u> | <u>Gender</u> (Circle One) |
|-------------|----------------------|-----------------------|----------------------------|
| _____ | _____ | _____ | Boy or Girl |
| _____ | _____ | _____ | Boy or Girl |
| _____ | _____ | _____ | Boy or Girl |