



CHILD
CARE
CHOICES OF
BOSTON

Affiliated with Action for Boston Community Development, Inc.
105 Chauncy Street * Boston, MA.02111 * 617-542-5437 * FAX 617-292-4629

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.

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 correspondence 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.*

Information regarding *Income Eligible* vouchers

- There is currently a *waiting list* to receive a voucher. It is not *immediate* assistance.
- To qualify for an Income Eligible voucher, at the time the voucher is issued the family must have a “reason for using child care.” This reason is called a “service need.”
- The service need is defined as the amount of time that neither parent is available to care for the child because they:
 - Are starting or continuing paid employment;
 - Are seeking paid employment (for a grace period of two months only);
 - Are participating in education or training (not including graduate school); or
 - Are incapacitated (proven by documentation).
 - In addition, a child with a *diagnosed* disability meets the service need criterion for full-time care whether or not the parents are able to provide care.
- In two parent families, both parents must have a valid service need.
- Families that have a service need of 30 or more hours per week are eligible for full-time child care (a maximum of 50 hours of care).
- Families with a service need 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).
- In addition to meeting service need requirements, the family must meet one or more of the following criteria:
 - The family’s gross monthly income must be at or below 50% of the State Median Income (SMI).
 - Families who have a qualifying child with disabilities may have a gross monthly income at or below 85% of the SMI.
 - Parents who are incapacitated may have a gross monthly income at or below 85% of the SMI.

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

KEEP THIS PAGE FOR YOUR INFORMATION

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: _____
Social Security #: _____ - _____ - _____	
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 INCOME

Do you or does anyone in your family receive **TAFDC**? Yes No

Do you or does anyone in your family receive **SSI**? Yes No

Do you or does anyone in your family receive **Social Security**? Yes No

Do you or does anyone in your family receive a **Pension**? Yes No

Do you or does anyone in your family receive **General Assistance** (EAEDC)? Yes No

Do you or does anyone in your family receive **Unemployment Insurance**? Yes No

Do 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)

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> English | <input type="checkbox"/> Cantonese | <input type="checkbox"/> Greek |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Capeverdean Creole | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Portuguese | <input type="checkbox"/> Arabic | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Italian | <input type="checkbox"/> Mandarin |
| <input type="checkbox"/> Khmer | <input type="checkbox"/> Haitian/Creole | <input type="checkbox"/> Sign Language |
| | | <input type="checkbox"/> 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:** _____

Social Security #: _____ - _____ - _____

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

<input type="checkbox"/> Full-time employment	<input type="checkbox"/> Full-time student	<input type="checkbox"/> Incapacitated parent
<input type="checkbox"/> Part-time employment	<input type="checkbox"/> Part-time student	<input type="checkbox"/> Job Search
		<input type="checkbox"/> Other: _____

<p>Education: (Please check the <u>highest</u> level of education s/he have achieved.)</p> <input type="checkbox"/> 0-8 th grade <input type="checkbox"/> 9 th -12 th 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>Ethnicity: (please check one)</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: _____
--	--

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.

Household Size:	50% of median income		85% of median income	
2 persons	559.00 per week	or 29,043 per year	949.00 per week	or 49,372 per year
3 persons	690.00 per week	or 35,876 per year	1,173 per week	or 60,990 per year
4 persons	821.00 per week	or 42,710 per year	1,396 per week	or 72,607 per year
5 persons	953.00 per week	or 49,544 per year	1,620 per week	or 84,224 per year
6 persons	1,084 per week	or 56,377 per year	1,843 per week	or 95,841 per year

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: _____ **Social Security #:** _____ - _____ - _____

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: _____ **Social Security #:** _____-_____-_____

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>Social Security #</u>	<u>Place of Birth</u>	<u>Gender</u> (Circle One)
_____	_____	_____	_____	Boy or Girl
_____	_____	_____	_____	Boy or Girl
_____	_____	_____	_____	Boy or Girl