

CHILDCARE DEVELOPMENT PROGRAM APPLICATION

CLIENT INTAKE

Today's Date _____

Last Name, First Name:
Street Address
City, State Zip
Email
Phone Number (Cell)
Phone Number (Home / Work)
Date of Birth

PERSONAL BACKGROUND INFORMATION

Have you ever been convicted of a crime?

- Yes No Phone

PROGRAM TYPE

What type of business facility do you have/plan on having?

- Home-based Apartment Circle One: Rent / Own
 Home-Based House Circle One: Rent / Own
 Store Front Circle One: Rent / Own

Income Generated by Business is

- Main Source Supplementary Income Unknown at this time

DEMOGRAPHIC INFORMATION

How do you identify?

- Female Male Would prefer not to answer

What is your current marital status?

- Never Married Separated
 Married Single
 Divorced

Race / Ethnicity

- Black or African American White
 Hispanic or Latino Asian
 American Indian or Alaska Native
 Non-Hispanic or Latino
 Native Hawaiian or Pacific Islander
 Other _____

Do you have any disabilities?

- Yes No

Are you a U.S. veteran?

- Yes No

Employment Status (please check one):

- Unemployed less than 1 year and available to work
 Unemployed more than 1 year and available to work
 Not available for employment
 Employed _____ hours/week
 Self-employed _____ hours/week



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EDUCATIONAL TRAINING AND SKILLS ASSESSMENT

What is the highest degree that you have earned?

- High School Diploma Master's Degree
 GED Ph.D. / J.D. / M.D.
 Associates Degree None
 Bachelor's Degree Other (please specify): _____

Have you ever received any vocational, technical or business certificates or diploma?

- Yes No

If you answered yes to the question above, in what field(s) have you received a certificate or diploma?

What is your primary/preferred language?

- English Spanish

Are you fluent in any other language other than English?

- Yes No If yes, what language _____

CAREER PLANNING

What support services do you anticipate needing Please check all that apply.

- Recertification
 Technical Assistance
 Financial Assistance
 Other (specify) _____

How did you hear about the program?

- Friend or Relative
 WHIDC Recruitment
 Flyer
 Radio or Television
 Internet
 Referred by another program
 Other (specify) _____

ELIGIBILITY

- I want to become a licensed provider an informal provider I am/will be (circle one) a provider's assistant. a licensed provider

IF INFORMAL PROVIDER OR INTERESTED IN BECOMING A LICENSED CHILDCARE PROVIDER:

Are you currently applying for a license?

- Yes No

Type of Childcare license?

- Family Group Family 2nd Group Family
 Other _____

What steps of the process have you taken? (check all applicable)

- Medical (all adults / employees over 18)
 OCFS final letter (all items received) Home Inspection
 OCFS Notice of receipt of application Submitted application
 Background / Fingerprints (all adults) Health and Safety Training

If assistant, do you currently have an income from your job?

- Yes No

What previous training have you obtained?

- Health and Safety Training First Aid Training
 Early Childhood College Credits CPR Training
 Child Development Associates (CDA) Other _____
 Medication Administration Training (MAT)

IF PROVIDER:

Date received first license? _____

Type of Childcare license?

- Family Group Family 2nd Group Family Other _____

of Children enrolled? FT _____ After-school and / or PT _____

of paid Employees (not volunteers)?

FT (>20 hr/wk) _____ PT (<20 hr/wk)

What is the name of your assistant(s)?

Are you a member of a Child Care Network? Which one?

Weekly rates: Under 2 yrs: \$ _____ Over 2 yrs: \$ _____

After-School or part-time: \$ _____

Other fees? How often? Circle one option.

_____ \$ _____ wk/mo/one time

_____ \$ _____ wk/mo/one time

Food Program (CACFP)?

- Yes No

Educational Incentive Program (EIP)?

- Yes No



PRELIMINARY CONVERSATION

Why are you interested in the training/opportunity? Please explain your goals in participating in the program.

Please share information about availability for scheduling. What do you anticipate might be a barrier/challenge to participating, completing the program and starting an FCC program/business (quiet space, tech, support from family members, etc.)

Share your experience caring for children (including your own and any "formal" experience you have.)

What is your educational/professional background? What kind of work have you done? What are you currently doing?

How do you know the Child Care Business is right for you?
