

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?

CHILDCARE DEVELOPMENT PARTICIPANTS AGREEMENT

I, _____ hereby accept registration in the Childcare Development Program as a training participant.

AS A PARTICIPANT IN THIS TRAINING, I AGREE TO:

- Attend every class session. I understand that if I miss more than one session per block I will not be granted with the certification of that block. NO MISSING SESSIONS APPLY FOR HEALTH AND SAFETY BLOCK.
- Attend every session on time and sign in at each session. Online CLASSES require that you turn your video on, always be visible on camera. I will notify program staff in advance regarding my absence or lateness.
- Keep contact information updated with project managers and provide them with any new addresses or phone numbers within 2 weeks of moving or changing my number.
- Provide WHIDC Network staff with employment-and-business-related information for the next three years. This information could include annual income, average or current number of children enrolled in your programs, current employer, information about any employees you may hire, etc.
- Be responsible for paying the subsidized \$425 fee (and additional of \$80 for CPR/First Aid/AED if I want to take it) understanding that it is actually valued at \$2,500 and is made possible by WHIDC. Money is Not Refundable. The Totality of payment must be covered before the beginning of the training.

Client's Full Name (Please Print)
Street Address
City, State Zip
Client's Signature
Today's Date

