Partnership FOR CHILDREN OF CUMBERLAND COUNTY

# Family Support Unit
# Client In-Take Form
# Region 5 Pre-Assessment

*Updated May 2011*

**Client's Information:**

Date: _____ Phone Number _____ Alternate Number _____

Client's Name _____ Client's e-mail: _____

Client's Address: _____

Alternate Address: _____

| **Employment Information:** | **Employment Information:** | **Employment Information:** |
|---|---|---|
| Military Branch:<br>□ Army □ Air Force<br>□ Marines □ Navy | Employer: _____ | Employer: _____ |
| | # of Hours: _____ | # of Hours: _____ |
| Deployed: Yes or No | Student: _____ | Student: _____ |
| Pay Grade: _____ | ____Full time employed | ____Full time employed |
| E4: ___Specialist ___Corporal | ____Part time employed | ____Part time employed |

**Child's Information:**

| | | | AGE: | |
|---|---|---|---|---|
| Child 1 name: _____ | M/F | DOB: _____ | _____ | Special Needs: Yes / No |
| Child 2 name: _____ | M/F | DOB: _____ | _____ | Special Needs: Yes / No |
| Child 3 name: _____ | M/F | DOB: _____ | _____ | Special Needs: Yes / No |
| Child 4 name: _____ | M/F | DOB: _____ | _____ | Special Needs: Yes / No |

**Child Care Information:**

Please rate your knowledge about child care from 1 to 5 ***(1 being the low and 5 being the high)***:

What is quality child care? ☐1 ☐2 ☐3 ☐4 ☐5

What are signs of quality in child care? ☐1 ☐2 ☐3 ☐4 ☐5

Level of Understanding of the Star Rated License System ☐1 ☐2 ☐3 ☐4 ☐5

Date Care Needed: _____ Care Needed: □ Full-time □ Part-time □ Before School □ After School

Type of Child Care: □ Child Care Center □ Family Child Care Home □ Both

Days and Hours of Care Needed:

| DAYS | BEGINNING TIME | ENDING TIME |
|---|---|---|
| MONDAY | | |
| TUESDAY | | |
| WEDNESDAY | | |
| THURSDAY | | |
| FRIDAY | | |
| SATURDAY | | |
| SUNDAY | | |