

# Client Intake Form

Family Connections of Lane and  
Douglas Counties  
4000 E 30th Avenue  
Eugene, OR 97405-0640  
(541) 463-3954 800-222-3290  
or FAX (541) 463-4724

For more information visit our website at  
[www.lanecc.edu/lfc](http://www.lanecc.edu/lfc)



Family Connections of Lane and Douglas Counties, a department of Lane Community College (LCC), is a child care resource referral service linking parents to potential child care providers in Lane County. Once we receive the following information, we will contact you within 1-2 business days. Family Connections will send and/or email referrals to your home address after submitting this form, usually within 3-5 working days. If you need child care immediately, please call a consultant at (541) 463-3305, or (800)222-3290.

Email completed forms to: [familyconnections@lanecc.edu](mailto:familyconnections@lanecc.edu)

Family Connections offers referrals only, rather than recommendations. Your actual interviewing process of each provider will insure the quality you select for your children. If you have any questions, please call us. This form may also be faxed or mailed.

**Fill in form and save. You can attach your completed form to an email, or print to mail or fax.**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ ☐ Male ☐ Female Have you used our services?  
☐ Yes ☐ No

Street Address \_\_\_\_\_ Unit \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ message or cell fax \_\_\_\_\_ fax \_\_\_\_\_

E-mail: \_\_\_\_\_

If looking for childcare other than near your home, what address Street Address

Street Address \_\_\_\_\_ Unit \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**If employed, name of employer of each adult in household:**

Employer of 1st Adult \_\_\_\_\_

Employer of 2nd Adult \_\_\_\_\_

## Children Needing Child Care

(Child 1) First Name \_\_\_\_\_ ☐ Male ☐ Female Date of Birth \_\_\_\_\_

Days Care is needed: Mon Tues Wed Thu Fri Sat Sun

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Time child care is needed: Drop off time \_\_\_\_\_ Pick up Time: \_\_\_\_\_ Grade: \_\_\_\_\_

(Child 2) First Name \_\_\_\_\_ ☐ Male ☐ Female Date of Birth \_\_\_\_\_

Days Care is needed: Mon Tues Wed Thu Fri Sat Sun

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Time child care is needed: Drop off time \_\_\_\_\_ Pick up Time: \_\_\_\_\_ Grade: \_\_\_\_\_

(Child 3) First Name \_\_\_\_\_ ☐ Male ☐ Female Date of Birth \_\_\_\_\_

Days Care is needed: Mon Tues Wed Thu Fri Sat Sun

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Time child care is needed: Drop off time \_\_\_\_\_ Pick up Time: \_\_\_\_\_ Grade: \_\_\_\_\_

(Child 4) First Name \_\_\_\_\_ ☐ Male ☐ Female Date of Birth \_\_\_\_\_

Days Care is needed: Mon Tues Wed Thu Fri Sat Sun

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Time child care is needed: Drop off time \_\_\_\_\_ Pick up Time: \_\_\_\_\_ Grade: \_\_\_\_\_

**Extra Services** ☐ Drop in ☐ 24-Hour ☐ Before School ☐ After School ☐ Rotating ☐ Temp/Emergency

## Type of Child care: (check all that apply)

☐ Child Care Center ☐ Family Child Care Regulated ☐ Preschool Program  
☐ School age program ☐ (CCC) Certified Family Child Care ☐ (CCC) Recreation Program  
☐ Non-regulated Child Care

**Environment**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> No smoking on premises    | <input type="checkbox"/> No pets at all              | <input type="checkbox"/> No Cats                |
| <input type="checkbox"/> No dogs                   | <input type="checkbox"/> Pets separate from children | <input type="checkbox"/> Completely Fenced Yard |
| <input type="checkbox"/> No TV                     | <input type="checkbox"/> Monitored TV                | <input type="checkbox"/> Outdoor Play area      |
| <input type="checkbox"/> Covered Outdoor Play area | <input type="checkbox"/> Outdoor Play structure      |   |

**Languages**

- |                                     |                                  |  |
|-------------------------------------|----------------------------------|--|
| <input type="checkbox"/> English    | <input type="checkbox"/> Spanish | <input type="checkbox"/> Russian               |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Korean  | <input type="checkbox"/> Hmong                 |
| <input type="checkbox"/> Japanese   | <input type="checkbox"/> Chinese | <input type="checkbox"/> Sign Language         |
| <input type="checkbox"/> German     | <input type="checkbox"/> French  | <input type="checkbox"/> Tagalong              |
| <input type="checkbox"/> Farsi      | <input type="checkbox"/> Arabic  | <input type="checkbox"/> other (specify) _____ |

**Special Needs**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Behavior supervision/supports  | <input type="checkbox"/> Communication supports | <input type="checkbox"/> Socialization supports               |
| <input type="checkbox"/> Diapering/Toileting assistance | <input type="checkbox"/> Mobility assistance    | <input type="checkbox"/> Medication supports                  |
| <input type="checkbox"/> Nursing Care                   | <input type="checkbox"/> Physical therapy       | <input type="checkbox"/> Specialized equipment                |
| <input type="checkbox"/> Wheelchair access              | <input type="checkbox"/> Accessible bathroom    | <input type="checkbox"/> No experience ok if willing to learn |

**Extended Hours**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Early morning (starting between 3 am and 5:59 am) | <input type="checkbox"/> Evening (after 6:30 pm)  | <input type="checkbox"/> Overnight (at least between 10 pm and 3 am) |
| <input type="checkbox"/> Weekend (regular care on Saturday and/or Sunday)  | <input type="checkbox"/> Occasional early morning | <input type="checkbox"/> Occasional evening                          |
| <input type="checkbox"/> Occasional overnight                              | <input type="checkbox"/> Occasional weekend       | <input type="checkbox"/> Flexible am                                 |
| <input type="checkbox"/> Flexible pm                                       |   |  |

**Where seeking care**

- |  |                                    |  |                   |
|--|------------------------------------|--|-------------------|
| <input type="checkbox"/> Near Home           | <input type="checkbox"/> Near work | <input type="checkbox"/> Near parents school | What school _____ |
| <input type="checkbox"/> Near child's school | What school _____                  |  |                   |

**Transportation**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Transportation Provided    | <input type="checkbox"/> Transports to/from Preschool              | <input type="checkbox"/> Transports to/from child's home     |
| <input type="checkbox"/> Walking Distance to School | <input type="checkbox"/> Transports to/from Kindergarten           | <input type="checkbox"/> Transports to/from sport/activities |
| <input type="checkbox"/> Near Public Transportation | <input type="checkbox"/> Transports to/from designated area school | <input type="checkbox"/>                                     |
| <input type="checkbox"/> Near School bus            | <input type="checkbox"/> Transportation multiple schools           | <input type="checkbox"/>                                     |

Number of Adults in household: \_\_\_\_\_

Number of Children in household: \_\_\_\_\_

Your Relationship to child(ren) ☐ Mother ☐ Father ☐ Grandparent ☐ Guardian ☐ Other**Your Ethnic Background**

Choose ONE you most closely relate to.

- |  |  |
|--|--|
| <input type="checkbox"/> Caucasian               | <input type="checkbox"/> Asian-Indian              |
| <input type="checkbox"/> Hispanic/Latino/Chicano | <input type="checkbox"/> Black /African American   |
| <input type="checkbox"/> Native American/Alaskan | <input type="checkbox"/> Hawaiian-Pacific Islander |

**Subsidy Eligibility** Mark ALL that apply

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Receiving food stamps                       | <input type="checkbox"/> ERDC, family size 2 - \$1,561/mo gross | <input type="checkbox"/> ERDC, family size 5 - \$2,754/mo gross  |
| <input type="checkbox"/> On Oregon Health Plan                       | <input type="checkbox"/> ERDC, family size 3 - \$1,959/mo gross | <input type="checkbox"/> ERDC, family size 6 - \$3,234/mo gross  |
| <input type="checkbox"/> On other DHS medical program                | <input type="checkbox"/> ERDC, family size 4 - \$2,356/mo gross | <input type="checkbox"/> ERDC, family size 7 - \$3,549/mo gross  |
| <input type="checkbox"/> Check DHS copay calculator for more detail: |   | <input type="checkbox"/> ERDC, family size 8+ - \$3,946/mo gross |

**Eligibility Status:** Who is primarily paying for childcare

- |   |   |
|---|---|
| <input type="checkbox"/> Paying entirely for own child care       | <input type="checkbox"/> Workforce Investment Act (WIA)         |
| <input type="checkbox"/> DHS/ICCP                                 | <input type="checkbox"/> School assisting with child care costs |
| <input type="checkbox"/> DHS Child Welfare                        | <input type="checkbox"/> Possibly DHS eligible                  |
| <input type="checkbox"/> Employer assisting with child care costs | <input type="checkbox"/> Other payment assistance               |

Income Category: ☐ Under \$24,999 ☐ \$25,000-\$44,999 ☐ \$45,000 and above**Referred by**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Internet           | <input type="checkbox"/> Employer        | <input type="checkbox"/> Flyer/Brochure         |
| <input type="checkbox"/> Newspaper          | <input type="checkbox"/> Community event | <input type="checkbox"/> Phone book             |
| <input type="checkbox"/> Friend or relative | <input type="checkbox"/> Provider        | <input type="checkbox"/> Physician or hospital  |
| <input type="checkbox"/> DHS                | <input type="checkbox"/> CCD             | <input type="checkbox"/> Other community agency |
| <input type="checkbox"/> Lead agency        | <input type="checkbox"/> 211             | <input type="checkbox"/> Unemployment office    |

**Reason seeking care**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Employment            | <input type="checkbox"/> Seeking employment  | <input type="checkbox"/> Relocation     |
| <input type="checkbox"/> Training or education | <input type="checkbox"/> Current care ending | <input type="checkbox"/> Parent's needs |
| <input type="checkbox"/> Child's needs         | <input type="checkbox"/> Cost issues         | <input type="checkbox"/> Quality issues |
| <input type="checkbox"/> Child's special needs | <input type="checkbox"/> Backup care         |   |

**To Email:** Fill in this form, save it on your computer. Then start your email and include your filled out form as an attachment before sending email. Email fullerl@lanecc.edu; barragerl@lanecc.edu