Information about Parents

**First Name** Click here to enter text. **Last Name** Click here to enter text. **County** Click here to enter text.

**Home Address** Click here to enter text. **City** Denver **Zip Code** Click here to enter text. **Search here**

**Mailing Address** Click here to enter text. **City** Click here to enter text. **Zip Code** Click here to enter text.**Search here**

***Please put any additional addresses in the comment box below***

**Have you contacted Colorado Shines Child Care referral at MHUW before? No**

**Email**: Click here to enter text. **Phone Number:** Click here to enter text. **Send Referrals via: E-mail**

Information about Children

*If the Child has not yet be born, “unknown” may be entered for name and the child’s’ “due date” may be entered in place of birthdate*

1. **Child’s 1st Name:** Click here to enter text. **Birthdate:** Click here to enter a date. (mm/dd/yy)
2. **Child’s 1st Name:** Click here to enter text. **Birthdate:** Click here to enter a date. (mm/dd/yy)
3. **Child’s 1st Name:** Click here to enter text. **Birthdate:** Click here to enter a date. (mm/dd/yy)
4. **Child’s 1st Name:** Click here to enter text. **Birthdate:** Click here to enter a date. (mm/dd/yy)
5. **Child’s 1st Name:** Click here to enter text. **Birthdate:** Click here to enter a date. (mm/dd/yy)
6. **Child’s 1st Name:** Click here to enter text. **Birthdate:** Click here to enter a date. (mm/dd/yy)

Search Information

**Day Care is needed**: Sun  Mon  Tue  Wed  Thu  Fri  Sat

**Need Care Start by**: Click here to enter a date.

**Start time:** Choose an item.

**End time:** Choose an item.

**Type of Licensed Care Desired:** Center Care:  Family Care:  Preschool:  School Age Care:

**Special Needs:** Physical Delays/limitations:  Food Dietary:  Seizures:  Respiratory:  Diabetes:

Cognitive Delays/ Speech:  Social Emotional Behaviors:  Medical/Special Procedures:

**Extra Care:** Drop-in:  24 hr.: Before School:  After School:  Temp/emergency:

**School Name**: Click here to enter text.

Optional Demographic Information

Optional Demographic Information

**Age of Client:** Choose an item. **Relationship to Child:** Choose an item. **Employment Status:** Choose an item. **Annual Household Income:** Choose an item. **Family Size: 3 # Parents in the Household: 2 Financial Assistance (CCAP/TANF):** Click here to enter text. **Referred by:** Click here to enter text. **Reason for seeking care:** Choose an item. **Place of Employment:** Click here to enter text.

**Type Additional Comments Here:** Click here to enter text.

**Helpful tips for filling out the fields above:**

* **Fill in the intake form with *all applicable information***
* **Type to fill in all applicable Text Boxes**
* **Use the mouse to “left click” inside of each field requiring a Check Mark, or Drop down Menu.**

**Thank you for using Colorado Shines Child Care referral at Mile High United Way**

**When intake form is complete, please;**

1. **Save as (Insert your name/Parents name).doc**
2. **Attach the saved document to an email message &**
3. **Send to childcarereferrals@unitedwaydenver.org**

By submitting this intake form to Child Care Options, I understand that all information supplied on this form will remain ***completely confidential***, that Colorado Shines Child care referral at Mile High United Way makes no representation about the quality of any care giver. It is the parents’ responsibility to interview & visit prospective providers, & select the provider that best fits their families’ needs. Once children are enrolled in care, we encourage parents to establish friendly working relationships with the care provider. Doing so helps create a secure and positive environment for children at home and in care. We also recommend that parents make unannounced drop-in visits while their children are in care and when time and circumstances allow them to do so. Parents should continue to monitor any changes in enrollment and/ or staff.