

Date: \_\_\_\_\_

**NEFWC Waitlist Initial Intake Form**

**PLEASE PRINT CLEARLY**

Return Completed Form to: New England Farm Workers' Council - 1628-1640 Main St, Springfield, MA 01103

Or you can Fax to: 413-746-9743

Parent Name: \_\_\_\_\_ Parent Soc. Sec #: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

<input type="checkbox"/> Single Parent	<input type="checkbox"/> Married	Race: <input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Hispanic
		<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Native Hawaiian/Other Pacific	<input type="checkbox"/> Other	

Parent Name: \_\_\_\_\_ Parent Soc. Sec #: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

<input type="checkbox"/> Single Parent	<input type="checkbox"/> Married	Race: <input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Hispanic
		<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Native Hawaiian/Other Pacific	<input type="checkbox"/> Other	

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Other Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Secondary Language: \_\_\_\_\_ Total Family Size: \_\_\_\_\_

Household Monthly Income: \_\_\_\_\_ Income Details: (check all that apply)  
 Employment/Self-employment  Child Support  SSA/SSI  Other Fed Benefit

Are you currently receiving DTA CASH (not SNAP) benefits or have you received any in the past 12 months? \_\_\_\_\_

Reason for Needing Child Care: (please check all that apply)

- Employment
- Education & Training
- Seeking Employment
- Special Need of Child
- Special Need of Parent
- Retired Caregiver Age 65 & Over

Please check all that apply

- Child of Foster Care
- Receiving Services from DCF
- Homeless Family / Shelter Services
- Child of Teen Parent
- Child of Military Personnel
- Grandparent/Guardian

Children: **PLEASE PRINT CLEARLY**

First Name _____	Middle Name _____	Last Name _____
DOB _____	Male / Female _____	Soc. Sec. Number _____
Child Has Special Needs (y/n) _____	Race: <input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American
School Grade Level _____	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Hispanic
	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Native Hawaiian/Other Pacific
	<input type="checkbox"/> Other	

  

First Name _____	Middle Name _____	Last Name _____
DOB _____	Male / Female _____	Soc. Sec. Number _____
Child Has Special Needs (y/n) _____	Race: <input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American
School Grade Level _____	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Hispanic
	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Native Hawaiian/Other Pacific
	<input type="checkbox"/> Other	

  

First Name _____	Middle Name _____	Last Name _____
DOB _____	Male / Female _____	Soc. Sec. Number _____
Child Has Special Needs (y/n) _____	Race: <input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American
School Grade Level _____	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Hispanic
	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Native Hawaiian/Other Pacific
	<input type="checkbox"/> Other	

  

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School Grade Level _____	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Hispanic
	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Native Hawaiian/Other Pacific
	<input type="checkbox"/> Other	