



sierra nevada children's services

## Childcare Referral Request

Return completed form to referrals@sncs.org

Parent First & Last Name:

Email Address: \_\_\_\_\_

Receive SNCS emails?  yes  no

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

Mailing Address: \_\_\_\_\_

Reason Seeking Care: Working Looking for work School/Training Other parental needs

Occupation Type *If working* :

- |                                 |                             |                            |
|---------------------------------|-----------------------------|----------------------------|
| Accommodations & Food Service   | Information & Media         | Transportation & Warehouse |
| Arts Entertainment & Recreation | Manufacturing Professional- | Utilities                  |
| Community based-Social Services | Scientific Public           | Unemployed                 |
| Educational Services            | Administration Real Estate  | Other                      |
| Finance & Insurance             | Retail-including wholesale  |                            |
| Gig Economy Worker              | warehouse                   |                            |
| Health Care                     |                             |                            |

Looking for care near my:

Address: \_\_\_\_\_

Date of Birth of Children Needing Childcare:

__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
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Care Schedule:  Full Time  Part Time  Before School  After School  Summer  
 Evenings  Weekends  Drop In

Special Needs:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Health/Medical Needs | <input type="checkbox"/> Behavior/Emotional       | <input type="checkbox"/> Communication        |
| <input type="checkbox"/> Physical Disability  | <input type="checkbox"/> Requires Special Equip.  | <input type="checkbox"/> Visual/Audio         |
| <input type="checkbox"/> Learning Disability  | <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> Developmental Delays |
|   | <input type="checkbox"/> Other Disability         |   |

Transportation Required:

- |                          |                                   |
|--------------------------|-----------------------------------|
| Transportation TO School | Transportation <b>FROM</b> School |
| Near School Bus          | Near Public Transportation        |

School \_\_\_\_\_