

## SOCIAL SERVICES REFERRAL TO ACD

To: \_\_\_\_\_ From: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Director, RA #:	Agency:
Address:	Address:
Boro: _____ Zip: _____	Boro: _____ Zip: _____
Day Care Program Name:	

### 1. Basic Data

<b>Mother</b>	Last Name:	First Name:	Maiden Name:	Tel:
	Street Address	Apt No.	Boro:	Zip:
<b>Father</b>	Last Name:	First Name:		Tel:
	Street Address	Apt No.	Boro:	Zip:
<b>Applicant If Not Parent</b>	Last Name:	First Name:	Relationship:	Tel:
	Street Address	Apt No.	Boro:	Zip:

### Children Needing Day Care

NAME	SEX	BIRTH DATE	PRIMARY LANGUAGE	TYPE OF DAY CARE	LENGTH OF TIME FOR WHICH DAY CARE IS RECOMMENDED
				<input type="checkbox"/> GDC P/S <input type="checkbox"/> GDC INF <input type="checkbox"/> FDC FT <input type="checkbox"/> GDC S/A <input type="checkbox"/> GDC SPEC <input type="checkbox"/> FDC PT	_____ NO. OF MONS. _____ NO. OF YEARS
				<input type="checkbox"/> GDC P/S <input type="checkbox"/> GDC INF <input type="checkbox"/> FDC FT <input type="checkbox"/> GDC S/A <input type="checkbox"/> GDC SPEC <input type="checkbox"/> FDC PT	_____ NO. OF MONS. _____ NO. OF YEARS
				<input type="checkbox"/> GDC P/S <input type="checkbox"/> GDC INF <input type="checkbox"/> FDC FT <input type="checkbox"/> GDC S/A <input type="checkbox"/> GDC SPEC <input type="checkbox"/> FDC PT	_____ NO. OF MONS. _____ NO. OF YEARS

### All Other Household Members

NAME	KINSHIP	BIRTH DATE	NAME	KINSHIP	BIRTH DATE

### Other Involved Agencies

AGENCY NAME	AGENCY ADDRESS	CONTACT	TELEPHONE

### 2. Family Use of Day Care Service

<b>a.</b> Is family in receipt of assistance?	PA <input type="checkbox"/> Yes <input type="checkbox"/> No    HA <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b.</b> If family is not receiving any form of Income Support, does family have the ability to pay day care, if required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>c.</b> If "yes" is family willing to pay such a fee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>d.</b> Attitude of Parent/Caretaker toward placement of children in day care:	
<input type="checkbox"/> Highly Favorable <input type="checkbox"/> Favorable <input type="checkbox"/> Indifferent <input type="checkbox"/> Resistant <input type="checkbox"/> Highly Resistant	
<b>e.</b> Are there any limitations in transporting child(ren) to and from day care program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", describe: _____	

### 3. Reason for Day Care

Explain why day care is needed and how day care will aid the family and/or child(ren). Include service plan for family and/or child(ren). If recertification, update service plan to show progress or current status and explain why day care is still needed. A SERVICE OR TREATMENT PLAN MUST BE INCLUDED WITH THIS REFERRAL. Attach any additional sheets required.


### 4. Current Family Social Functioning

Give any additional information that might be useful in attempting to make an appropriate day care placement for the child(ren); *i.e.*, specifics regarding physical or emotional health, family relationships, school problems (for school-age child(ren)), etc. Attach additional sheet if necessary.


#### Referring Person

Name (Print): _____	Tel. No.: _____
Signature: _____	Date: ____ / ____ / ____

#### Supervisor

Name (Print): _____	Tel. No.: _____
Signature: _____	Date: ____ / ____ / ____