



Early Childhood Alliance
3320 Fairfield Avenue
Fort Wayne, IN 46807
800-423-1498

You can search for child care referrals online at

www.ecalliance.org

Email: mlivingston@ecalliance.org

Child Care Referral Intake Form

Text/Fax 574-208-6780

First Name _____

Last Name _____

Address _____

City _____

State _____ Zip _____

County _____

Phone _____

e-mail _____

☐ E-mail Referrals

☐ Fax Referrals to _____

Other Areas to Search for Care (besides near home):

Children:

Childs Name _____

Gender ☐ Male ☐ Female ☐ Unknown

Birth Date ____/____/____

Childs Name _____

Gender ☐ Male ☐ Female ☐ Unknown

Birth Date ____/____/____

Childs Name _____

Gender ☐ Male ☐ Female ☐ Unknown

Birth Date ____/____/____

Childs Name _____

Gender ☐ Male ☐ Female ☐ Unknown

Birth Date ____/____/____

Date Child Care is Needed: ____/____/____

Type of Care Wanted: ☐ Center
☐ Family Child Care Home
☐ Ministry
☐ I would prefer a Licensed Provider
☐ I need a provider who accepts
CCDF/CANI vouchers

Days/Times
Needed:

Day	Start Time	End Time
<input type="checkbox"/> Monday		
<input type="checkbox"/> Tuesday		
<input type="checkbox"/> Wednesday		
<input type="checkbox"/> Thursday		
<input type="checkbox"/> Friday		
<input type="checkbox"/> Saturday		
<input type="checkbox"/> Sunday		

Paths to Quality Level ☐ Level 1 ☐ Level 2 ☐ Level 3 ☐ Level 4

Type of Care Needed: ☐ Full-Time ☐ Part-Time ☐ Both

Extra Care: ☐ Before School ☐ After School ☐ 24-Hour

Special Needs that your child has that might be helpful to know of
for the child care referral search process:

Child's Name _____

Concern _____

The following information is Optional:

Your Age _____ Relation to Children: _____

Employment Status: ☐ Employed ☐ Seeking Employment
☐ Student ☐ No Response

Yearly Family Income : _____ ☐ No Response

Highest Level of Education: _____ ☐ No Response

Family Size _____

Adults in Household: ☐ Single Adult ☐ Two Or More Adults

How did you hear about our Service? Hart City

Reason Seeking Care: _____