



Rapid Response Intake Form

Today's Date

Your Name

Your phone number

Your email address

Are you...

Parent/Caregiver

Child Care Director/Teacher

Another Agency Provider

If you are a child care provider, is this for an individual child or group/classroom?

Individual Child

Classroom (Please skip questions about child)

Child Name

Child Date of Birth

Child Gender

Child Race (only respond if known)

American Indian/Native Alaskan

Asian

Black/African American

Hispanic/Latino

Native Hawaiian/Pacific Islander

White

Two or more races

Another Race

Legal Guardian Name

Child Home Phone

Child Home Email

Child Home Address

City Zip Code

Child Care Provider Name

Child Care Provider Address

City Zip Code

Child Care Phone

Child Care Email

Please be specific about why you are requesting assistance. Please include as much as possible so we can best assist, including both child care and parent/caregiver concerns.

