



Parent Intake Form/Resource & Referral Services

Date: _____ Called Walk-in NJCK DYFS

Client information:

Name: _____ mother father other: _____

Address: _____ mail fax email pick-up

City/State: _____ Zip code: _____

Contact #: _____ cell home work

Fax #: _____ E-mail : _____

Children's information:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Child Care Services needed:

Zip code(s) where services are needed: _____

Care needed: Days: _____ Hours: _____ am To _____ pm

Type of Provider (check all that apply):

Child care center Family Child Care Provider Summer Program

School age care other: _____

Special request/services:

