### Agency Name:
To get a clear picture of the services you provide and the populations that you serve, please complete this form in addition to the Agency Survey form. Please read all the categories, and indicate all that apply to your organization regularly? This completed form will help us to make only the most proper referrals to your organization.

Please provide a copy of your DHR license/certification.

Are you a licensed childcare provider?

- [ ] Yes
- [ ] No

If yes, provide a copy of your license and any other certifications.

Location of services (physical address):

- [ ] Child Care Center (outside of home)
- [ ] Family Child Care Home (home-based)
- [ ] Out of Client’s Home

### **PROGRAMS**

#### Day Care

**Do you provide structured enrichment activities during school hours (i.e., day care)?**

- [ ] Yes
- [ ] No

**What ages do you serve?**

**Hours of operation:**

- Days: MON □ TUE □ WED □ THU □ FRI □ SAT □ SUN □

**Do you offer transportation to/from home to school?**

- [ ] Yes
- [ ] No

**Is there any fee for this service?** If yes, specify:

- [ ] No Fee
- [ ] Straight Fee (specify): ________
- [ ] Sliding Fee Scale (based on client’s income)

**Do you accept CAPS subsidy?**

- [ ] Yes
- [ ] No

**Do you offer discounts for families with multiple children in your care?**

- [ ] Yes
- [ ] No

#### Summer Camps

Please indicate if you offer programs for school-aged children during school vacation times (i.e., summer vacation)

- [ ] Yes
- [ ] No

**What ages do you serve?**

**Hours of operation:**

- Days: MON □ TUE □ WED □ THU □ FRI □ SAT □ SUN □

**Do you offer transportation to/from home to school?**

- [ ] Yes
- [ ] No

**Area available for pick up/drop off service:**

**Is there any fee for this service?** If yes, specify:
Please list specific fees:

- [ ] No Fee
- [ ] Straight Fee; please specify:
- [ ] Sliding Fee Scale (based on client’s income)

**AFTER SCHOOL PROGRAM (Extended Care)**

Please indicate if you offer after school care:  
- [ ] Yes  
- [ ] No

Do you provide structured enrichment activities during school hours (i.e., day care)?

- [ ] Yes  
- [ ] No

What ages do you serve?

<table>
<thead>
<tr>
<th>Days</th>
<th>MON</th>
<th>TUE</th>
<th>WED</th>
<th>THU</th>
<th>FRI</th>
<th>SAT</th>
<th>SUN</th>
</tr>
</thead>
</table>

Do you offer transportation to/from home to school?

- [ ] Yes  
- [ ] No

Area available for pick up/drop off service:

Is there any fee for this service? If yes, specify:

List specific fees:

- [ ] No Fee
- [ ] Straight Fee (specify):
- [ ] Sliding Fee Scale (based on client’s income)

Do you serve children who...

- [ ] Are not yet potty trained
- [ ] Have developmental disabilities
- [ ] Have a hearing impairment
- [ ] Have mobility challenges (i.e., wheelchair, walker)
- [ ] Have mental/emotional disabilities.
- [ ] Have a visual impairment

Do you administer prescribed medications?

- [ ] Yes  
- [ ] No

If yes, who administers the medication?

- Nurse Practitioner
- MD
- Other staff (specify):

Meals provided:

- [ ] Breakfast
- [ ] Lunch
- [ ] Dinner
- [ ] Snack

Do you have a dietician on staff?

- [ ] Yes  
- [ ] No

Who prepares the meals?

Activities provided:

- Outdoor Trips
- Outdoor Activities
- Learning Games
- Movie time
- Computer Access
- Music/Dance time
- Class work
- Others (specify):

Is there any other information you would like to include?