



Client Information Form

for Child Care Services Wait List



The information provided below must be updated with Workforce Staff immediately if changes occur. If yes is checked for any of the forms of contact below, you agree this is an acceptable preferred method for us to make contact with you. Not responding may have consequences to your case. The information you provide will not be shared without a signed release.

Name: _____	Last 4 of SSN: _____
Physical Address: _____	
Street	City
State	Zip
Mailing Address if different: _____	
Street	City
State	Zip
<i>May we contact you in person at your physical address?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

Home Phone #: _____	Cell Phone #: _____
<i>May we contact you by phone?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>May we leave a voice message?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cell Phone Provider: _____	
<i>May we contact you by text?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

Email Address: _____
<i>May we contact you by email?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No

Two Back-up Contacts

A message asking you to contact Workforce and the phone number is all that will be discussed with your contact. No other information will be discussed.

Contact Name: _____	Contact Name: _____
Phone #: _____	Phone #: _____
Relationship: _____	Relationship: _____

Signature _____ Print Name _____ Date _____