

# Sunflower Sitters Referral Services

FAMILY INFORMATION FORM (PLEASE HAVE COPY AVAILABLE FOR PROVIDER)

MOTHER'S NAME: \_\_\_\_\_ FATHER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ CELL NUMBERS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

OCCUPATION—MOTHER: \_\_\_\_\_ FATHER: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

WORK NUMBER: \_\_\_\_\_

NEIGHBOR'S NAME AND NUMBER: \_\_\_\_\_

**EMERGENCY CONTACT NAME AND NUMBER:** \_\_\_\_\_

PHYSICIAN'S NAME: \_\_\_\_\_ NUMBER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

HEALTH INSURANCE: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

CHILDREN'S INFORMATION:

NAME

BIRTHDATE

SCHOOL

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

DO YOUR CHILDREN HAVE ANY HEALTH CONDITIONS WE SHOULD BE AWARE OF (ASTHMA, FOOD ALLERGIES OR ANY SPECIAL MEDICAL/FOOD NEED)? \_\_\_\_\_ IF YES, PLEASE COMPLETE HEALTH FORM.

WILL THE CARE PROVIDER BE EXPECTED TO DISPERSE ANY MEDICATIONS? \_\_\_\_\_

IF YES, PLEASE COMPLETE AN UPDATED HEALTH FORM FOR EACH DATE CARE IS REFERRED BY SUNFLOWER SITTERS REFERRAL SERVICES, LLC.

\*\*PROVIDERS WILL NOT ADMINISTER SHOTS.

IS TELEVISION VIEWING/COMPUTER TIME ALLOWED? \_\_\_\_\_ IF SO, HOW MUCH AND WHICH PROGRAMS ARE ALLOWED? \_\_\_\_\_

\_\_\_\_\_

PLEASE LIST ANY SPECIAL INSTRUCTIONS REGARDING FOODS, BATHING, TOILET TRAINING, ETC.: \_\_\_\_\_

DO YOU HAVE PETS? \_\_\_\_\_ IF SO, WHAT TYPES \_\_\_\_\_

IS THIS A SMOKING HOUSEHOLD? \_\_\_\_\_

YOU CAN REQUEST A PROVIDER WITH SPECIAL INTERESTS TO MAKE THE EXPERIENCE EVEN MORE REWARDING FOR YOU AND YOUR CHILDREN. FOR INSTANCE, WOULD YOUR CHILDREN ENJOY A PROVIDER WHO IS VERY ACTIVE AND ENJOYS PLAYING SPORTS, OR A PROVIDER THAT LOVES TO TELL INCREDIBLE STORIES. PLEASE MAKE YOUR REQUEST AND WE WILL DO OUR BEST TO FILL IT.

SUNFLOWER SITTERS FEELS STRONGLY THAT EVERY PARTICIPANT IN OUR REFERRAL PROCESS IS COMFORTABLE AND SAFE. IN ORDER TO MAKE THAT POSSIBLE FOR THE PROVIDER SUNFLOWER SITTERS ASKS YOU TO PROVIDE A REFERENCE FOR YOURSELF. THIS REFERENCE SHOULD BE FROM SOMEONE WHO CAN COMMENT ON A PROVIDER FEELING COMFORTABLE AND SAFE IN YOUR HOME WHILE CARING FOR YOUR CHILDREN.

REFERENCE NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOW LONG HAVE YOU KNOWN THIS PERSON? \_\_\_\_\_

IN WHAT CAPACITY HAVE YOU KNOWN THIS PERSON? \_\_\_\_\_

**PLEASE PLACE A CHECK FOR EACH CONSENT:**

- I CONSENT TO EMERGENCY CARE OR TREATMENT IF I CANNOT BE REACHED IMMEDIATELY.
- I GIVE CHILD CARE PROVIDER PERMISSION TO TRANSPORT CHILD/CHILDREN TO EMERGENCY ROOM/DOCTOR'S OFFICE BY CAR.
- I GIVE CHILD CARE PROVIDER PERMISSION TO TRANSPORT CHILD/CHILDREN FOR APPROVED ACTIVITIES.
- I GIVE CHILD CARE PROVIDER PERMISSION TO TAKE MY CHILD/CHILDREN ON WALKS.

THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE TO NOTIFY SUNFLOWER SITTERS OF ANY CHANGES TO THIS APPLICATION. I ALSO AGREE TO KEEP A COPY OF THIS FORM AVAILABLE FOR SITTERS.

MOTHER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

FATHER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WHO CAN WE THANK FOR REFERRING YOU TO SUNFLOWER SITTERS?

**BILLING INVOICES WILL BE SENT THROUGH EMAIL UNLESS REQUESTED OTHERWISE.**