

Phone Interview Log/Wait List

Date: _____

Name: _____ Phone Number: _____
Fax: _____ E-mail: _____
Referred By: _____

Start Date Needed: _____ Hours of care Needed: _____

Days: Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Government Subsidy (assistance)? Yes No Possible

Child(ren)'s Names & Ages:

1-

2-

3-

Interview Scheduled? Yes No Date _____ Time _____

Materials: Mailed, Faxed, or E-mailed? yes no Date _____

This Family is # ___ on the waiting list. Date for follow up call: _____

Notes: _____

Phone Interview Log/Wait List

Date: _____

Name: _____ Phone Number: _____
Fax: _____ E-mail: _____
Referred By: _____

Start Date Needed: _____ Hours of care Needed: _____

Days: Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Government Subsidy (assistance)? Yes No Possible

Child(ren)'s Names & Ages:

1-

2-

3-

Interview Scheduled? Yes No Date _____ Time _____

Materials: Mailed, Faxed, or E-mailed? yes no Date _____

This Family is # ___ on the waiting list. Date for follow up call: _____

Notes: _____
