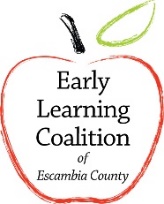
**Provider Listing and Resource Request**

Please save and email this to [CCRR@elcescambia.org](mailto:CCRR@elcescambia.org) or print this and mail to **3300 North Pace Blvd, Ste. 210, Pensacola, FL 32505** in order to receive a free, computer generated listing of child care providers and/or any additional community resources you may need. In addition to the child care listings and resources, we will include the **CCR&R cover letter**, **Family Guide**, and **Quality Checklist**. Please check the **cover letter** for the DCF Licensing number and website to review the providers for complaints or licensing violations.

If you need financial assistance with the cost of child care, please check pages 20-27 of the **Family Guide** for information about the school readiness program and other financial resources. Under the heading **Subsidy Options** on the provider listings will be noted if the provider offers scholarships, negotiated rates, sibling discounts, sliding fee scales, or any other subsidy options.

You may apply for services with the Early Learning Coalition at <https://spe.schoolreadiness.org/pe>. If you have any questions or require any additional child care listings or resources, please call: 850-595-5915.

* NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* CHILDREN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I AM (PLEASE CIRCLE ONE): EMPLOYED IN SCHOOL JOB SEARCH OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* CIRCLE RELATIONSHIP TO CHILD: PARENT RELATIVE FOSTER PARENT OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_
* DO YOU HAVE A REFERRAL FROM DCF OR FFN? YES NO
* CIRCLE TYPE OF PROVIDER (CHOOSE ALL THAT APPLY):

LICENSED CENTER LICENSED EXEMPT CENTER REGISTERED HOME LICENSED HOME

* TYPE OF CARE NEEDED: DAYS EVENINGS NIGHTS WEEKENDS OPEN 24 HOURS
* OTHER NEEDS: TRANSPORTATION (TO HOME OR SCHOOL) SPECIAL NEEDS OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* ADDITIONAL ZIP CODES FOR PROVIDER SEARCH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* I NEED ADDITIONAL RESOURCES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_