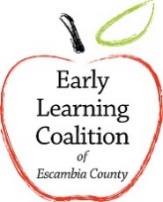
****

**Provider Listing and Resource Request**

Please save and email this to CCRR@elcescambia.org or print 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. When you receive your listing, please check the included **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, on the provider listings under the heading **Subsidy Options** 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://familyservices.floridaearlylearning.com/Account/Login>. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Do you have a referral from DCF or FFN? YES NO
* Reason for Care:
* UNDERLINE type of provider requested (choose all that apply):

LICENSED CENTER LICENSED EXEMPT CENTER REGISTERED HOME LICENSED HOME

* UNDERLINE preferred provider schedule: 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_