

Host Family Informational Session

Counselor Name	
Date of Session	
Family Name (first and last)	
Complete address of host family with zip code	
Email	
Home phone	
Cell phone	
Number of children and ages	
How did they hear about us?	
Current child care arrangements	
Have they had live in child care before?	
Specify if parents have a dual income home	
When is the family looking to get child care in place?	
Summary of home visit and additional information	