



Child Care Plus ME Request for Technical Assistance

Program/School Name: _____

Do you have multiple sites: Yes No

Agency/Organization (if applicable): _____

School District (if applicable): _____

Name of classroom/group (if applicable): _____

Primary Site Contact Name: _____

Position: _____ Fax: _____

Phone: _____ Email: _____

Director/Owner's Contact Name: _____

Position: _____ Fax: _____

Phone: _____ Email: _____

Name of Site: _____

Child Care License Number (if applicable): _____

Quality for Maine (QRS): _____ Application completed: Yes No

Step number (1-4): _____ Date rating received: _____

Mailing Address: _____ **Site Address:** _____

City/Town: _____ City/Town: _____

County: _____ County: _____

ZIP Code: _____ ZIP Code: _____

Phone: _____ Phone: _____

Fax: _____ Fax: _____

Type of Program (please check only one):

- Licensed Child Care Center
- Licensed Preschool/Nursery School
- Licensed Family Child Care Home
- Legal/Unregulated Child Care
- Head Start/Early Head Start

- Combined Head Start/Child Care
- Recreation Program
- Pre-K/Head Start or Pre-K/Child Care
- Other (*please specify*): _____

Ages that the program/school serves (please check all that apply):

- Infant
- Toddler
- Preschool
- School-age

Technical Assistance Planning

Have you discussed this request with a CCIDS staff member? Yes No

If "Yes," with whom? _____

How did you hear about us? _____

Indicate the **primary** type of assistance you are requesting (*please check only one*):

- Information & Resources Program Consultation
 Individual Child Consultation

Technical Assistance/Consultation Goals

What do you hope to gain from this TA? (Please use additional paper, if necessary)

What resources are already in place to support your efforts toward these goals? _____

Are there any other agencies/organizations/consultants currently involved with your program? Yes No

If "Yes," which? _____

Individual Child Consultation Information

For child-specific consultations, please notify the parent(s) or legal guardian of your request for Technical Assistance. Please make sure a CCIDS Consent for Release of Information form is signed by the parent(s) or legal guardian and returned with this request. **If requesting TA for multiple children at the same site, please complete the first page of this form only once and the entire second page for each individual child.**

Child's Initials: _____ Child's Date of Birth: _____

Why are you requesting a consultation for this child? _____

Director/Owner/School Administrator's Signature Authorizing this Request

(Please note, this TA request must be signed.)

Director/Owner/School Administrator signature Date of request

Return completed
TA Request form to:

University of Maine
Center for Community Inclusion & Disability Studies, UCEDD
48 Tandberg Trail, Windham, ME 04062
Phone (V/TTY): 207/892-0455 Toll Free (V/TTY): 866/230-4520
Fax: 207/892-2330 E-mail: ccidsmail@umit.maine.edu
Web site: www.ccids.umaine.edu

For Office Use ONLY: Date Rec'd: _____ Reviewed by: _____ Assigned to: _____ TA #: _____