

## **COVID-19 PARENT QUESTIONNAIRE**

Return by fax to (845)-486-3142 or email to Lance.Bixby@dfa.state.ny.us

Parent name: \_\_\_\_\_ Case Number: \_\_\_\_\_

Phone number: \_\_\_\_\_

- 1) Are you a parent who has been impacted by COVID-19?
- 2) Have your family's child care needs changed because of school or workplace closures?  
Please explain:
- 3) Has your monthly income been affected due to COVID-19? If yes, how?
- 4) Has your child been absent from daycare due to the impact of COVID-19?  
Please explain the reason for the absence(s) and the specific days that your child(ren) was/were absent after 3/16/2020
- 5) Has your Child Care Provider closed due to the impact of COVID-19?  
Please list the name of the Child Care Provider and the last date that your child(ren) attended the program and the date that the program closed
- 6) Are you requesting a waiver from the weekly family share due to financial hardship related to COVID-19?  
Please explain the reason for the financial hardship

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date