



Partners Employee Assistance Program Work & Life Resources Workplace Health and Wellbeing

Child Care Request

If you would like to explore child care options with an EAP Consultant, please call 866-724-4327 for an appointment. If you are interested in a child care search only, please fill out the form below and email it to eap@partners.org. Note your child care search will take up to 5 business days. If your situation is urgent, please call us.

Today's Date: _____

Client Name: _____ Employer (Entity): _____

Home Address (Street/Town/Zip): _____

Best telephone number to reach you: _____ Cell Home Work

Employee ID#: _____ Email Address: _____

Job Title: _____ Job Location: _____

Date of Birth: _____ Sex: _____ Date of Hire: _____

How did you hear about EAP? Choose one

- Co-Worker/Friend/Family EAP Literature EAP Orientation EAP Training/Intervention
- EAP Website Human Resources Intranet/email myStrength Previous Use
- Primary Care/Medical Supervisor/Manager Union Other Source Residency Program

Who referred you to the EAP? Choose one

- Chaplain Co-Worker Family Member Human Resources
- Instructor/ Educator Manager/Supervisor Occupational Health Primary Care/Medical
- Police and Security Self Therapist Union/Labor Organization

Ethnic Background: Choose one

- American Indian Asian Black Hawaiian Hispanic Multi-racial White

Dependent Child(ren) Information: Specify the age of your child when the childcare is needed.

- Age _____ Family Day Care Center Based Care Preschool Program Nanny
- Age _____ Family Day Care Center Based Care Preschool Program Nanny
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Towns or Zip Codes: in which you are interested in care: _____

If we have questions regarding your request, we will contact you.

Comments: _____

For EAP Use Only
Counselor _____

Case # _____