



## Child Care Subsidy Special Needs Recommendation Form Instructions

---

Children may be referred to the fee subsidy program based on either a child's special needs or a parent's special needs. Haldimand and Norfolk Children's Services reserves the right to approve or deny any referral for Special Needs prior to determining financial eligibility.

Parents of children with special needs may be eligible for fee subsidies for children up to 18 years of age.

Recommended families will be subject to the provincial income testing guidelines.

Recommendations need to be updated every 6 months.

Approval for attendance in centres only open ½ days will receive a maximum approval of 3 days/week.

Norfolk County is not responsible for any costs incurred in the completion of this form on behalf of the family.

*If this recommendation does NOT meet the definitions below, please reference the "Therapeutic Needs" referral form.*

### Children with Special Needs:

A child must meet the definition of a "handicapped child" under the Day Nurseries Act.

Section 1 of O. Reg. 262 defines a handicapped child as:

A child who has a physical or mental impairment that is likely to continue for a prolonged period of time and who as a result thereof is limited in activities pertaining to normal living as verified by objective psychological or medical findings and includes a child with a developmental disability.

Section 1 of O. Reg. 262 Defines a "developmental disability" as:

A condition of mental impairment present or occurring during a person's formative years, that is associated with limitations in adaptive behaviour.

Special needs include developmental deficits in emotional, social, behavioural, communication, and fine and gross motor skills.

### Parent with Special Needs

For a parent, the definition of a person with a disability is consistent with the definition used for the purpose of the Ontario Disability Support Program, and is outlined in the Day Nurseries Act.

Section 66.5 of O. Reg. 262. (2) states:

The person has a substantial physical or mental impairment that is continuous or recurrent and that is expected to last one year or more; and the direct and cumulative effect of the impairment on the person's ability to attend to his or her personal care, function in the community and function in the workplace, results in a substantial restriction in one or more of these activities of daily living.

Please submit your completed recommendation form to Children's Services, attention Financial Analyst/Administrative Assistant at the address provided.

---

### Partners in building a strong community

**Simcoe**  
P.O. Box 570, 12 Gilbertson Drive, Simcoe, ON N3Y 4N5  
T 519-426-6170 T 519-582-3579 F 519-426-9974

**Dunnville**  
117 Forest Street East, Dunnville, ON N1A 1B9  
T 905-318-6623 F 905-774-1538

# HALDIMAND AND NORFOLK CHILD CARE SUBSIDY SPECIAL NEEDS RECOMMENDATION FORM

Please use this form for children who have two areas of delay of one year or greater, or for a parent or child who meets the Special Needs criteria as outlined, and who require child care support. If this does not apply, please review a recommendation for a "Therapeutic" referral. Please note that approval for Child Care Subsidy, for the purpose of Special Needs, will be up to a maximum of 3 days/week.

Date (dd/mm/yy) \_\_\_\_\_  New Referral  Update Referral  
 \*\*Recommendation form required for each child/parent\*\*

Please specify:  Special Needs referral – child  Special Needs referral – parent

## FAMILY INFORMATION

Child's Name: \_\_\_\_\_

Date of Birth (dd/mm/yy) \_\_\_\_\_ Sex:  Male  Female Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Parent/Guardian Applicant 1: \_\_\_\_\_ Applicant 2: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_

## Source of Income:

Earnings  ODSP  Ontario Works  Other \_\_\_\_\_

## CHILDCARE PROGRAM

Is the child currently attending a child care program?  Yes  No

If "yes", which child care program? \_\_\_\_\_ located in \_\_\_\_\_

Please indicate the recommended number of days per week, would benefit the child/parent based on the special need.

1 full day/week \_\_\_\_\_ 2 full days/week \_\_\_\_\_ 3 full days/week \_\_\_\_\_

1 half day/week \_\_\_\_\_ 2 half days/week \_\_\_\_\_ 3 half days/week \_\_\_\_\_

Desired Program / Centre if not currently attending \_\_\_\_\_

## CLINICAL INFORMATION

*Note: Complete this section if this referral is for a child only*

Area of Development	Level of Functioning (i.e. 27 months or 2.3 years)
Gross Motor	
Fine Motor	
Communication	
Cognitive	

Area of Development	Level of Functioning (i.e. 27 months or 2.3 years)
Self-Help	
Social	
Other (specify)	

If exact level of functioning is not known, but you are aware that there is a greater than 12 month delay in particular areas; please indicate this by writing "greater than 12 month delay" under the "Level of Functioning" column beside that area of development.

Date of Evaluation: \_\_\_\_\_

Diagnosis (if known) \_\_\_\_\_

Please indicate other Professionals involved with the family:

Are these professionals aware of this referral being made?  Yes  No  Don't Know

Is there a service plan or plan of care in place? (if known)  Yes  No  Don't Know

Are there indicators that this child may require additional support (other than Resource Teacher/Classroom Facilitator) in order to be successfully integrated into a child care program?  Yes  No

Please describe:

Other Information (i.e. other family information/issues/barriers):

**If more space is required to provide information – please attach additional page(s).**

