



Child Care Subsidy Therapeutic Needs Recommendation Form Instructions

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

Parents of children with therapeutic needs may be eligible for fee subsidies for children up to 13 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 for 3 days/week.

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

No parent will have to pay a higher child care fee for a disabled child than for any other child in a licensed child care program that has an agreement with Norfolk County to provide child care space for fee subsidies.

If this referral is for a child that meets the definition of having a "developmental disability or "handicapped child" under the Day Nurseries Act, please use the "Special Needs Recommendation" referral form.

If a parent meets the definition of disabled for the purpose of the Ontario Disability Support Program under the Day Nurseries Act, please use the "Special Needs Recommendation" referral form.

Therapeutic Needs Criteria:

(The following are criteria that could be considered for "therapeutic needs". This list is not exhaustive, and all recommendations are accepted for consideration)

- Developmental delays of child (types of intervention determined by degree of delay)
- Parent has developmental delays or a medical condition that interferes with their ability to parent effectively without additional help
- Family is in crisis due to death, physical or mental illness of family member and family requires additional supports to physically or emotionally attend due to the crisis
- Family has inadequate supports/resources to deal with challenges of child rearing and therefore requires outside agencies to work with them to build these skills. (i.e. child development, parenting skills, anger management, problem solving, etc)
- Family does not have the ability to cope effectively with stressors in home (i.e. separation, financial difficulties, marital problems, behaviour/discipline issues). Child care provides some respite for parent and consistency for child in an otherwise chaotic environment
- Family has history of difficulties and requires assistance in order to seek treatment/counselling. (i.e. substance abuse, victim of abuse, abusive behaviour, incarceration)
- Child himself or herself is a victim of abuse, or witness to abuse
- Child demonstrates ongoing emotional problems, aggressive behaviour, difficulty interacting with other children or adults

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 THERAPEUTIC NEEDS RECOMMENDATION FORM

Please use this form for a parent or child who requires child care support, based on criteria outlined, but is NOT a "special need". If this does not apply, please reference a recommendation for "Special Needs". Please note that approval for Therapeutic needs will be to a maximum of 3 days/week, and referrals for "social needs" ONLY, will not be approved.

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

Please specify: Therapeutic Needs referral – child Therapeutic 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 _____

REFERRAL INFORMATION

In order for us to assess and support the needs of children and families referred for Therapeutic reasons, it is important that detailed information is provided.

Date of Evaluation (dd/mm/yy) _____

What is the nature of your concern for this child/family? (Please be specific and provide as many details as possible)

In what way do you feel involvement in a child care program will help the family?

Please indicate what other Professionals/services are involved with this family, if any known:

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

Is there a service plan/plan of care for this child and/or family? Please explain

