Health and Social Services
Haldimand and Norfolk

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.

Health and Social Services
Haldimand and Norfolk

Please return completed forms to:
Haldimand & Norfolk Social Services
Attn: Children's Services
P.O. Box 570, Simcoe, ON. N3Y 4N5

Fax to: 519-426-9974
Phone: 519-426-6170
905-318-6623
519-582-3579

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) _____

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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).

REFERRING AGENCY

Recommendation from: ☐ Children's Aid Society ☐ REACH ☐ Speech/Language ☐ Doctor
☐ Public Health Nurse ☐ Other _____

☐ **THIS IS A HIGH RISK RECOMMENDATION (if yes please check)**

"High Risk" means there is an imminent threat to the safety of the child or parent referred or apprehension of children by the Children's Aid Society without approval of this recommendation may occur.

Name (Please print): _____ Position/Title: _____

_____ _____ _____
Referring Professional - Signature Contact Number Date

Comments:

I, _____ hereby consent to the release of pertinent information in order to determine eligibility for Norfolk County Child Care Subsidy.

_____ _____
Parent/Guardian Date