Child Care Fee Subsidy Recommendation Form Guidelines

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

A Recommendation for Child Care is appropriate for a family experiencing a significant crisis or challenge for which the referring agency believes participation in licensed child care would alleviate the crisis and/or reduce stress on the family. Recommendations will be accepted from a Social Service source or Health Professional who is working with the family on an **ongoing basis,** for the duration of the recommendation.

Examples of a significant crisis/challenge: family is seeking treatment or counseling for a significant ongoing problem (addiction/substance abuse, mental health issues); parent or child is a victim of abuse or witness to family violence; crisis or turmoil in the home, lack of stable housing; child demonstrates persistent aggressive behaviours, and/or significant emotional problems.

A Recommendation is also appropriate for a child who is waiting for or receiving specialized intervention for suspected or diagnosed special needs, and for whom participation in licensed child care would enhance, compliment or improve outcomes for the therapeutic interventions being provided or planned for the child.

Under the Child Care and Early Years Act, a child with special needs is defined as "a child whose cognitive, physical, social, emotional or communicative needs, or whose needs relating to overall development, are of such a nature that additional supports are required for the child."

Recommendation Requirements and Guidelines

(i) Recommended families will be subject to the provincial income testing guidelines.
(ii) Families are required to be seen and recommendations updated every six months.
(iii) Norfolk County is not responsible for any costs incurred in the completion of this form on behalf of the family.
(iv) Parents of children with special needs who were in receipt of service before Aug. 31, 2017, may be eligible for fee subsidies for children up to 18 years of age.
(v) Recommendations can be approved for a period of up to six months and only while the referring source is working with the family.

Health and Social Services
Haldimand and Norfolk

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To be completed by the Referring Social Service Agency or Health Professional

☐ New Recommendation ☐ Update Recommendation
☐ Recommendation for child ☐ Recommendation for parent/guardian

Date of Evaluation: _____
dd/mm/yy

Family Information

Parent/Guardian Information			
Applicant 1 Name		Applicant 1 Date of Birth	
Applicant 2 Name		Applicant 2 Date of Birth	
Street Address			
City	Province	Postal Code	Phone Number
Source of Income			
☐ Earnings ☐ Ontario Works ☐ ODSP ☐ Other _____			

Child Information- One recommendation per child required if is based on child's needs	
Child 1 Name	Child 1 Date of Birth
Child 2 Name	Child 2 Date of Birth
Child 3 Name	Child 3 Date of Birth
Child 4 Name	Child 4 Date of Birth

Child Care Information

Is the child or children currently attending a child care program? ☐ Yes ☐ No

If yes, which program? _____

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

☐ 1 full day/week ☐ 2 full days/week ☐ 3 full days/week

Estimated timeframe care may be required: _____ ☐ Unknown (further information may be required)

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Clinical Information: Special Needs ☐ Not Applicable

Note: Complete the chart below and provide diagnosis, if known, for a child referral. Only a diagnosis is required for an adult referral.

Area of Development	**Level of Functioning** (i.e. 27 months or 2.3 years)
Gross Motor	
Fine Motor	
Communication	
Cognitive	
Self-Help	
Social	
Other (specify)	

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

Date of last evaluation: _____

Diagnosis (if known): _____

Referral Details

What is the reason for this recommendation for the child or parent/guardian? (Please be specific and provide as many details as possible)

_____
_____
_____
_____
_____

Please describe how involvement (or continued involvement) in a child care program will address the specific recognized need of this child or parent/guardian. Please describe the expected outcomes or improvements.

_____
_____
_____
_____
_____

Please indicate all Professionals/services involved with this family (including referring agency), and frequency of visits:

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What service plan/plan of care is in place for this child and/or family? Please explain. If this is an update, how is care assisting in your concerns for this family?

_____
_____
_____

Referring Agency

If the information provided in this recommendation is not thorough or fails to provide adequate information to identify the recognized need of the child or parent/guardian, the applicant may not be considered eligible for service.

☐ Children's Aid Society
☐ Doctor
☐ Speech and Language
☐ HN REACH
☐ Public Health Nurse
☐ Other: _____

Name: _____ Position Title: _____

Referring Professional Signature _____ Date: _____

Contact Number: _____

I, _____, hereby consent to the release of pertinent information in order to determine eligibility for child care fee subsidy.

Parent/Guardian 1 Signature _____ Date: _____

Parent/Guardian 2 Signature _____ Date: _____