

SOCIAL / SPECIAL NEEDS REFERRAL CHILD CARE FEE SUBSIDY APPLICATION

TBDSSAB Client Services Division

This form is to be completed by a **health or social services professional** currently working with this household. The information provided will be used to determine eligibility for fee subsidy for families who are not currently working or attending school.

A Special Needs Child is defined as one 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.

Updates: Updates to the Social/Special Needs Referral are required yearly unless it is a child diagnosed with Special Needs. Special Needs referrals do not require updates.

Application needs to be completed in full to be considered for approval.

Applicant Information	Applicant Information					
Parent/Guardian(s) Full Name(s) 1)	Addres	S	Phone Number(s)			
2)						
Full Name of Child	Date of Birth (M/D/Y)					
Full Name of Child	Date of Birth (M/D/Y)					
as family secured a space at a Child Care Centre?						
1) Name of Centre:						
If family has not secured a space, please direct family to go to <u>www.thunderbaychildcare.ca</u> to place their name on the waitlist for the Centre(s) of their choice.						
hen will family require child care:		🗌 Full Days 📃 Half Days				
Start Date: End Date:		🗌 Mon 🔲 Tues 🗌 Wed 🗌 Thurs 🗌 Fri				
Does the child have a diagnosed Special Need? (ex. Autism, Cerebral Palsy, ADHD, Down Syndrome, etc.) Yes No If yes, please attach a copy of the assessment Please specify:						
Reason for Referral: What are the child/family circumstances and how will placement in a Child Care Centre assist the parent and/or child?						
What are the specific needs of this child? (Please attach available medical/third-party assessments and indicate other services the parent(s)/caregiver(s) is/are currently accessing.)						

Treatment Plan: What services, treatment, and re	sources is the parent/child currently receiv	ving?		
Enhanced Program Support: Will this child requir	e enhanced program support (individualize	ed support) to attend the		
child care program?				
Continuum of Care Plan: Describe your plan for continued involvement/case management with this family.				
Please indicate which community resources you have explored for this family.				
George Jeffrey Children's Centre				
 Health Unit: Children's Aid Society Preschool Communication Services Healthy Babies / Healthy Children 				
Dilico	Fair Start	-		
Wesway	Other			
Name of Referring Agency	Contact Phone Number	Fax		
Contact Name (Please Print)	Contact Signature	Date		
CONSENT TO BELEASE and/or COLLE		d by Perent/Cuerdien)		
CONSENT TO RELEASE and/or COLLECT INFORMATION (To be Completed by Parent/Guardian)				
I/We consent to the collection, use and disclosure of from child care programs, home child care provider				
Children's Services Division, and Ministries that provide funding / resources / services.				
I/we				
Name of Parent(s)/Guardian(s)				
in accordance with Section 31 (a) and 31 (b) of the Municipal Freedom of Information and Protection of Privacy Act,				
hereby authorize and directto release				
Name of Agency to The District of Thunder Bay Social Services Administration Board, Children's Services, the information requested.				
The following agencies or persons are not to be included:				
Signature of Parent/Guardian	Relationship to Child	Date		
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Signature of Parent/Guardian	Relationship to Child	Date		
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Please forward ALL referrals to the Central Intake Fax at:				
(807) 345-7921				
for child care programs in:				
Geraldton, Longlac, Manitouwadge, Marathon, Nakina, Nipigon,				
Schreiber, Terrace Bay, Thunder Bay				