



Medical Referral Form

Section A – to be completed by the Parent/Guardian

_____	_____	_____
<i>Parent/Guardian Last Name</i>	<i>Parent/Guardian First Name</i>	<i>Parent/Guardian D.O.B. (dd/mm/yyyy)</i>
_____	_____	
<i>Address</i>	<i>Phone Number</i>	

Consent

I authorize _____ (***name of Agency/Physician***) to provide the information requested on this form regarding my medical needs to The District of Thunder Bay Social Services Administration Board in order to determine eligibility for Child Care Fee Subsidy.

Signature of Parent/Guardian

Date

Section B – to be completed by the referring Agency/Physician

_____	_____
<i>Name of Referring Agency/Physician</i>	<i>Stamp</i>
_____	_____
<i>Address</i>	<i>Phone Number</i>

1. Briefly describe the reason the Parent/Guardian requires child care?

2. Describe the current treatment plan for the Parent/Guardian, including a list of medical/ counselling/ rehabilitation/ agency appointments that occur during the week?

Type of Appointment	Days per week	Length of Appointment	Length of Treatment
Ex. Physiotherapy	Monday, Wednesday, Friday	12pm-2pm (2 hours)	3 months

3. Please specify potential side effects from Treatment/Medications: (Do not list names of medications)



4. Is a complete recovery expected? YES (if yes, when)_____ NO
5. How often will the Parent/Guardian's treatment plan be re-assessed?
6. Please indicate what other supports/services the Parent/Guardian is accessing, if known:
7. Please state any other considerations that may be relevant in determining the Parent/Guardian's need for child care.

Additional Information:

_____	_____
<i>Name of Person Completing the form (Print)</i>	<i>Title/Position</i>
_____	_____
<i>Signature and stamp of Person Completing this form</i>	<i>Date</i>

*Please Note: This form must be completed in its entirety or we will be unable to complete your Child Care Subsidy Application. This referral will be regularly monitored and reviewed by TBDSSAB to determine eligibility.

Please return completed forms by mail to:

The District of Thunder Bay Social Services Administration Board,
231 May Street South, Thunder Bay, Ontario, P7E 1B5, or by fax to: 807-345-7921

Notice with Respect to the Collection of Personal Information

(Freedom of Information and Protection of Privacy Act) (Municipal Freedom of Information and Protection of Privacy Act) This information is collected under the legal authority of section 71 of the *Child Care and Early Years Act, 2014, S.O 2014, c. 11, Sched.1* (the "Act") for the purpose of determining or verifying a person's eligibility to participate in a child care or early years program or service or to receive financial assistance under the Act.

For more information contact: Supervisor – Child Care Subsidy at 807-766-4000