

Renewal Application for Short Term Specialized Support Funding

Mailing Address:

Niagara Region
Community Services – Children’s Services
1815 Sir Isaac Brock Way P.O. Box 344
Thorold, ON L2V 4T7

905-980-6000
Toll free: 1-877-263-7215
niagararegion.ca
csreferrals@niagararegion.ca

Part A – Personal Information

Child’s name: _____ Date of Birth (mm/dd/yyyy): _____

Parent/Guardian Name(s): _____

Part B – Program and Support Information

Date of renewal application (mm/dd/yyyy): _____

Name of Child Care and Site (if applicable): _____

Contact Person (at child care): _____

Telephone number: _____ Email: _____

Agency providing resource consultant support: _____

Resource consultant: _____

Telephone number: _____ Email: _____

Does the resource/behaviour consultant endorse this application? yes no

Part C - Support Hours

Current support hours:

Hours per day

Days per week

Support hours being requested:

Hours per day

Days per week

Part D – Parent/Guardian consent for transfer of information

Renewal Application for Short Term Specialized Support Funding for Child Care is forwarded to Niagara Region Children's Services electronically. It will be shared with consent of the Parent/Guardian.

Taking into account that email is not guaranteed to be a secure method of transmission but nevertheless preferring this method, I hereby direct and authorize (and release from any liability for so doing) the Regional Municipality of Niagara's Community Services Children's Services, to forward the personal information of me and my child and my spouse, if applicable, on this form by email to the child care service provider and/or Resource or Behaviour Consultant approved on this form.

Parent/guardian has been informed of the above statement.

Parent/guardian gives consent for the above information to be shared with: (please check)

Niagara Region Children's Services

Child Care Program

Resource/Behaviour Consultant

Parent/Guardian Signature:

Date (mm/dd/yyyy):

In lieu of a signature, an email can be sent directly from the parent/guardian to **csreferrals@niagararegion.ca** acknowledging that they are aware of this renewal and agree with information shared.

Child Care Provider:

Date (mm/dd/yyyy):

Resource/Behaviour Consultant Signature:

Date (mm/dd/yyyy):

Process for submitting renewal:

1. The completed form is sent electronically to csreferrals@niagararegion.ca
2. The child care program and resource consultant will be notified by the Special Projects Advisor, Children's Services, via e-mail if the application has been approved for the next 14-week implementation period. If approved, the documentation will confirm the date of approval.
3. Should the circumstances of support change for any reason, continuance of specialized support funding will need to be reviewed and approved in advance. Request for continued support must be made no later than two weeks prior to end of this approval period.

If deadlines are missed, Niagara Region will not be responsible for reimbursement of specialized support provided by the program prior to the date of written approval.
