

Application for Short Term Specialized Support Funding for Child Care

Child Information: (All fields are required)

Child's full name: _____

Child's date of birth (mm/dd/yyyy): _____

Parent/Guardian's full name: _____

Address: _____

Postal code: _____ Phone number: _____

Start date at child care: _____ Number of days per week in care: _____

Current number of children in group: _____ Hours of attendance: _____

Program Type:

Full Half Extended

Parent/Guardian is:

Employed Attending school/training

Level of Service Tool Score: _____ C.A.R.E. Score: _____

Child Care Centre Information: (All fields are required)

Name of child care centre: _____

Contact person name: _____ Date of application: _____

Address: _____

Centre phone number: _____ Centre fax number: _____

Centre email: _____

Agency providing resource consultant support: _____

Resource consultant: _____

Phone number: _____ Email: _____

Start date requested	Hours per day	Days per week	Number of weeks (up to 12 weeks)	Hourly rate

Resource/Supports/Adaptations for Child Care Supports to Facilitate Inclusion

For child care supports to facilitate inclusion

Why has support been requested?

Environmental Changes

For example: How Does Learning Happen?; Smaller Group Sizes; Educator Approach – Caregiver Interaction Scale; Environmental Rating Scales; QCCN Resource and Inventory Checklists; Program Profile:

Schedule/Routine Changes

For example: Schedule changes; Seamless transitions:

Equipment:

Visual Schedules?

Yes

No

If yes what type of equipment is required. (i.e. fidget toys, pea pods, sensory toys, koopy scissors, box chairs)

Training:

Do the centre-based staff require training/supports to be better able to support the child?

Yes

No

If yes, what type of training?

Resource/Behaviour Consultant Summary Report

Summary of involvement

Goals and recommendations/next steps

Taking into account that e-mail 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/or my spouse, if applicable, on this form by e-mail to the child care service provider approved on this form.

- I / We (parents / guardian) also give my permission for Niagara Region, Children's Services, the referent and any child care service provider that provides service to my family to share information in order to support this service

Parents / Guardian give consent for the above information to be shared with:

Niagara Region Children's Services

Child Care Program

Resource/Behaviour Consultant Agency

Parent Signature: _____ Date: _____

Child Care Provider: _____ Date: _____

Resource/Behaviour Consultant: _____ Date: _____