

**APPLICATION FORM  
SHORT TERM  
SPECIALIZED SUPPORT FUNDING FOR CHILD CARE**

**Step 1:** The child care program completes the application in collaboration with their Resource Consultant. The completed form is shared with the child's parents, and written consent is obtained.

**Step 2:** The completed form can be sent electronically to Helen Lake at [helen.lake@niagararegion.ca](mailto:helen.lake@niagararegion.ca) or it can be faxed to Niagara Region Children's Services: 905-984-4463 (1-905-984-4463), Attention: Helen Lake, manager, Children's Services.

**Step 3:** The Child Care program and Resource Consultant will be notified in writing, electronically whether or not the application has been approved. If approved, the documentation will confirm the date of approval for the specialized funding. Niagara Region will not be responsible for reimbursement of specialized support provided by the program prior to the date of written approval.

**Step 4:** Since the funding arrangement for specialized supports is between Children's Services and the child care program, the child care program is responsible to notify the parent of funding decisions.

Date of Application:						
Name of Child Care Centre:						
Address:						
Phone Number:		Fax Number:				
Contact Person's Name:		Centre E-mail:				
Agency Providing Resource Consultant Support:						
Resource Consultant:						
Phone Number:		E-mail:				
<b>Child Information</b>			<b>Program Type</b>			
Child's Name:		Date of Birth:		<input type="checkbox"/> Full	<input type="checkbox"/> Half	<input type="checkbox"/> Extended
Parent/Guardian Name(s):			<b>Parent Is</b>			
Address:			<input type="checkbox"/> Employed			
Phone Number:			<input type="checkbox"/> Attending school/training			
Start date at child care:			<input type="checkbox"/> Unable to care for child because of a medical reason			
Number of days per week in care:			Level of Service Tool Score:			
Current number of children in group:			C.A.R.E. Score:			
Hours of attendance (Specific):						
<b>Funding Applied for:</b> (hours per day and week, number of weeks, hourly rate)						
<b>Start Date Requested</b>	<b>Hours Per Day</b>	<b>Days per Week</b>	<b>Number of Weeks (up to 12 weeks)</b>	<b>Hourly Rate</b>		
<b>Other Information:</b>						
Has the Child Care Centre Participated in Quality Child Care Niagara Reflective Practice Institutes (2 day)?				Yes	No	
			If yes, dates:			
Has the Child Care Centre Consulted with the Quality Child Care Niagara Support Representative for advice on any adaptations to be made as recommended by the Resource Consultant?				Yes	No	
			If yes, date:			

**RESOURCES/ SUPPORTS/ ADAPTATIONS CHECKLIST  
FOR CHILD CARE SUPPORTS TO FACILITATE INCLUSION**

Resources/Supports/Changes To be Made (Please list below)	Responsibility	Date to be Completed By
Environmental Changes:		
Schedule Changes:		
Equipment:		
Change in Routines:		

Resources/Supports/Changes To be Made (Please list below)	Responsibility	Date to be Completed By
Volunteer/Student/Family Member/ Other Resources or Supports:		
Do centre-based staff require additional training to be better able to support the child?	If yes, what type of training?	
<b>Recommendations/Next Steps:</b>		

**RESOURCE CONSULTANT SUMMARY REPORT**

<b>Why has support been requested?</b>
<b>Summary of Involvement:</b>
<b>Goals and Recommendations/Next Steps:</b>

**Parent/Guardian consent for transfer of information:**

Application Form Short Term Specialized Support Funding for Child Care is forwarded to Niagara Region Children’s Services electronically. It will be shared as indicated above with the informed consent of the Parent/Guardian.

***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 my spouse, if applicable, on this form by e-mail to the child care service provider approved on this form.***

	Parent has been informed of the above statement.
	I give consent for the above information to be shared with: (please check)
	Niagara Region Children’s Services
	Child Care Program
	Resource Consultant Agency

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Child Care Provider:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Resource Consultant:** \_\_\_\_\_ **Date:** \_\_\_\_\_