

## 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) and copy Ashley Boyle at [ashley.boyle@niagararegion.ca](mailto:ashley.boyle@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, Resource Consultant and Special Projects Coordinator will be notified by the Manager, Children’s Services, via e-mail if the application has been approved for the 12 week implementation period. If approved, the documentation will confirm the date of approval and 6-week implementation period for the specialized funding. Hours for weeks 7-12 will be confirmed after a program visit from the Special Needs Coordinator.

**Step 4:** Special Projects Coordinator will arrange a visit with the Resource Consultant/Behaviour Consultant and Supervisor to discuss continued hours of care.

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

Child Information		Program Type
Child’s Name:	Date of Birth: Click or tap to enter a date.	<input type="checkbox"/> Full <input type="checkbox"/> Half <input type="checkbox"/> Extended
Parent/Guardian Name(s):		Parent/Guardian is:
Address:		<input type="checkbox"/> Employed <input type="checkbox"/> Attending school/training <input type="checkbox"/> Unable to care for child due to medical reason
Phone Number:		
Start date at child care:		
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:		

Date of Application: Click or tap to enter a date.	Name of Child Care Centre:
Address:	
Phone Number:	Fax Number:
Contact Person's Name:	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
Click or tap to enter a date.				

Other Information	
Are there any Educators in your program who have not yet participated in Quality Child Care Niagara Reflective Practice Institutes? (2 day).	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many?
When did the QCCN Support Representative last visit your location?	Date: Click or tap to enter a date.

## Resource/Supports/Adaptations Checklist For Child Care Supports to Facilitate Inclusion

Why has support been requested?

Resources/Supports/Changes to be made. (Items for consideration listed below)	Steps to be taken for implementation	Date of Implementation
<b>Environmental Changes:</b>		
How Does Learning Happen?		Click or tap to enter a date.
Smaller Group Sizes		
Educator Approach – Caregiver Interaction Scale		
Environmental Rating Scales		
QCCN Resource and Inventory Checklists		
Program Profile		
<b>Schedule/Routine Changes:</b>		
Schedule changes		Click or tap to enter a date.
Seamless transitions		
<b>Equipment:</b>		
Visual Schedules		Click or tap to enter a date.
Equipment Required: (i.e. fidget toys, pea pods, sensory toys, koopy scissors, box chairs)		Click or tap to enter a date.
<b>Training:</b>		<b>Date of Training:</b>
Do the centre-based staff require training/supports to be better able to support the child? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what type of training?	
Emotional Self-Regulation		Click or tap to enter a date.
Autism Spectrum Disorder		Click or tap to enter a date.
Appropriate toys and equipment to support child’s developmental stage		Click or tap to enter a date.
How Does Learning Happen? (i.e. loose parts, child led play, establishing authentic relationships)		Click or tap to enter a date.
Other:		Click or tap to enter a date.

## Resource/Behaviour Consultant Summary Report

<b>Summary of Involvement</b>
<b>Goals and recommendations/Next steps:</b>
<b>Parent/Guardian consent for transfer of information:</b>
<p>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 the informed consent of the Parent/Guardian.</p> <p>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 approved on this form.</p> <p>Parent has been informed of the above statement.</p> <p>I give consent for the above information to be shared with: (please check)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Niagara Region Children’s Services</li> <li><input type="checkbox"/> Child Care Program</li> <li><input type="checkbox"/> Resource/Behaviour Consultant Agency</li> </ul> <p><b>Parent Signature:</b> _____ <b>Date:</b> Click or tap to enter a date.</p> <p><b>Child Care Provider:</b> _____ <b>Date:</b> Click or tap to enter a date.</p> <p><b>Resource/Behaviour Consultant:</b> _____ <b>Date:</b> Click or tap to enter a date.</p>