

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

Date of Application:	
Name of Child Care Centre:	
Address:	
Phone Number:	Fax Number:
Contact Person's Name:	Centre E-mail:

Agency Providing Resource Teacher Support	
Resource Teacher:	
Contact Info:	
Phone:	E-mail:

Child Information:	Level of Service Tool Score:	
	C.A.R.E. Score	
Child's Name:	DOB:	
Parent/Guardian:		
Address:	Phone Number:	
Start Date:	Program Type: ___ full	
Number of Days per week _____	___ half	
Current Number of Children in Group _____	___ nursery	
Support Funding Criteria:		
1. Does the child care have a purchase of service agreement with Children's Services?		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the family receive fee subsidy?		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does the child attend junior or senior kindergarten.		<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is the parent working or going to school?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Funding Applied for: (hours per day and week, number of weeks, hourly rate)		
Resource Teacher Report Supporting Additional Support Request included with this report?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, why not?		
Identified areas of Delay Requiring Support:		

Consent forms on file at Child Care Centre, Resource Consultant's Agency and Children's Services, Regional Municipality of Niagara.

**RESOURCES/ SUPPORTS/ CHANGES CHECKLIST
FOR CHILD CARE SUPPORTS**

Has the Child Care Centre Participated in Quality Child Care Niagara?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phase One	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phase Two	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the Child Care Centre Consulted with the Quality Child Care Niagara Support person for advice on any adaptations to be made as recommended by the Resource Teacher?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Resources/Supports/Changes To be Made	Responsibility	Date to be Completed By
Environmental Changes		
Schedule Changes		
Equipment		
Change in Routines		
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?	

MEASURABLE OUTCOMES TO FACILITATE INCLUSION

GOAL: To facilitate inclusion and reduce the need for ongoing support.

CHILD CARE PROVIDER RESPONSIBILITIES FOR CHILD		OUTCOMES ACHIEVED
Action:	Measurable Outcomes Expected:	
RESOURCE CONSULTANT RESPONSIBILITIES FOR CHILD		OUTCOMES ACHIEVED
Action:	Measurable Outcomes Expected:	

RECOMMENDATIONS:

Parent Signature: _____ Date: _____

Child Care Provider: _____ Date: _____

Resource Consultant: _____ Date: _____

At the end of the contract, a written report of measurable outcomes will be required.