

CHILD CARE SUBSIDY PROGRAM

SPECIAL NEEDS SUBSIDY FORM – FACT SHEET

General Information:

- In order for subsidy to be paid to a child care facility on behalf of a child or family, whose reason for service is **special needs**, the attached *Special Needs Subsidy Form* must also be completed by the referring professional (doctor, social worker, speech pathologist, psychologist, and psychiatrist).
- The purpose of this form is to collect the required information about the child and family in order to assess the need for child care. This will also help to ensure that the most appropriate service plan is in place for the child. **It is the responsibility of the referring individual, the family and the child care facility to ensure that the *Special Needs Subsidy Form* is completed and forwarded to Child Care Subsidy Program.**

The process requires collaboration with families, professionals and child care providers, and is based on the recognition for holistic planning for families.

- As part of this special needs subsidy process, a “*family plan*” must be developed between the referring individual from a mandated agency, social services agency or a recognized medical authority, in collaboration with the family and child care facility. This “*family plan*” must be kept on file at the child care facility and available to Child Care Program upon request. The “*family plan*” does not need to be forwarded to Child Care Subsidy Program, but must clearly identify the following:
 - the reasons for child care based on the child’s and/or family’s special needs;
 - that the services required are in place to meet identified needs and to assist the child and/or family to maintain, improve or overcome its situation; and
 - the responsibilities of all parties, including family/foster parent, child care provider, referring agency, medical professional, and other agencies or professionals involved in achieving the outcomes of the plan.
- A “*family plan*” is not required for foster children whose foster parent(s) are working or in an education program, unless the child/ren has other special needs.

Process:

- A *Subsidy Application* can be completed using a paper application or it may be completed electronically by using the online application at www.gov.mb.ca/childcare.
- When a family sends a *Subsidy Application* directly to the Child Care Subsidy Program requesting subsidy on the basis of a special need, a Subsidy Advisor will send a *Special Needs Subsidy Form* to the referring individual named in the *Subsidy Application*. The referring individual will then contact the child care facility and the parent(s)/guardian(s) to make arrangements to complete the *Special Needs Subsidy Form* and a “*family plan*” together.
- The *Special Needs Subsidy Form* requires the signatures of the parent/guardian, referring professional and the director/provider of the child care facility before it is forwarded back to the Subsidy Advisor.
- If a referring individual wishes to initiate the process for completing a *Special Needs Subsidy Form*, copies can be obtained by calling the Child Care Subsidy Program. In Winnipeg, call 945-0286 or toll free at 1-877-587-6224. You may also contact a Subsidy Advisor directly for a copy of the form.
- **Please note that the completion of this *Special Needs Subsidy Form* does not replace the requirement for completion of an application for the Children with Disabilities Program if additional funding for staffing support is also being requested.**

SPECIAL NEEDS SUBSIDY FORM

Child Care Subsidy Program

MANITOBA FAMILY SERVICES



WINNIPEG OFFICE

102 - 114 Garry Street
Winnipeg MB R3C 1G1
Subsidy Information Services: 945-0286
Outside Winnipeg - Toll Free: 1-877-587-6224
Fax: (204) 948-2143

Please collaborate on the completion of this form by including the family, the child care facility and any professionals working with the child and/or family. Please ensure that the signatures of the parent/guardian and the facility director/provider are included.

A. IDENTIFYING INFORMATION

SPECIAL NEEDS CHILD CARE IS REQUESTED FOR:

Name: _____ Date of Birth: _____

Child Care Facility: _____ (if known)

Name: _____ Date of Birth: _____

Child Care Facility: _____ (if known)

REFERRING PROFESSIONAL

Name: _____ Position: _____ Agency: _____

Address: _____ Phone No.: _____

PARENT(S)/GUARDIAN(S)

Name: _____ Address: _____ Phone No.: _____

Relationship to Child: _____

Name: _____ Address: _____ Phone No.: _____

Relationship to Child: _____

If this assessment is for a foster child, please indicate if child care is required to support outside employment or education of the foster parents. Please comment on these employment or education needs. (For foster children whose foster parent(s) are working or in an education program, Sections B through E do not need to be completed unless the child has other special needs).

		FULL-TIME	PART-TIME	HOURS
Foster Parent Name: _____	Attends Work	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Attends School	<input type="checkbox"/>	<input type="checkbox"/>	_____
Foster Parent Name: _____	Attends Work	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Attends School	<input type="checkbox"/>	<input type="checkbox"/>	_____

B. IDENTIFICATION OF SPECIAL NEEDS OF CHILD

1. Medical/physical disabilities: _____ Date of diagnosis/last assessment: _____

2. Developmental delays: _____ Date of diagnosis/last assessment: _____

3. Behavioural concerns: _____

4. Social Concerns (i.e., family dynamics etc.): _____

5. Additional Comments: _____

6. Has a “family plan” been developed and agreed upon by parent/guardian, referring professional and the director/provider of the child care facility?

Yes No

C. SERVICES THE CHILD OR FAMILY IS CURRENTLY RECEIVING

For Example: Child and Family Services, Employment and Income Assistance, The Family Centre etc.

NAME OF SERVICE/AGENCY	NAME OF CONTACT PERSON	POSITION	PHONE #

D. CHILD CARE SERVICE RECOMMENDED

Please consider an appropriate amount and duration of child care service based on the individual child and circumstances. Infants and younger preschool children may benefit from part-time attendance. School age children may only require one time slot of care or may need care only on school in-service days.

INFANT AND PRESCHOOL CHILDREN OR SCHOOL AGE CHILDREN ON IN-SERVICE DAYS AND HOLIDAYS
Number of Full Days or Half Days per week: _____ Full Days _____ Half Days
Number of Hours per Day: _____ Duration of Placement: _____

SCHOOL AGE CHILDREN ON SCHOOL DAYS
Periods of Attendance: ____ Before School ____ Lunch ____ After School

E. ATTACHMENTS TO THE SPECIAL NEEDS SUBSIDY FORM

Please indicate if the following form has been forwarded to Child Care Subsidy Program, or provide an expected date of submission.

Yes No If no, expected date: _____

F. SIGNATURES AND PERMISSION FOR RELEASE OF INFORMATION

PARENT/GUARDIAN:

I understand that all personal and/or medical information provided in this *Special Needs Subsidy Form* is considered part of my *Subsidy Application* and will be used to determine my eligibility for subsidy.

I also understand that this information is protected by the same privacy laws that protect my *Subsidy Application*.

I give permission to share this information with Child Care Subsidy Program, my child care provider and any professionals working with my family. I understand that the reasons for sharing this information are to assess my eligibility for subsidy and to help plan the most appropriate child care service for my child/children.

SIGNATURE: _____ **Date:** _____

CHILD CARE CENTRE DIRECTOR/FAMILY CHILD CARE PROVIDER:

The *Special Needs Subsidy Form* has been reviewed and a "family plan" has been developed between our facility, the parent/guardian and the referring professional.

SIGNATURE: _____ **Date:** _____

REFERRING PROFESSIONAL:

The *Special Needs Subsidy Form* has been reviewed and a "family plan" has been developed between me, the facility and the parent(s)/guardian(s).

SIGNATURE: _____ **Date:** _____