

Children's Integrated Services:

Child with Special Health Need Child Care Financial Assistance Required Supplemental Documentation

The information below is required **to be completed along with the Application for Child Care Financial Assistance** if you are requesting additional supports for a child with special health needs (see check boxes in section two and three of the Application form).

- All information on this form will remain confidential
- All requested information must be completed or the request will be denied
- CDD reserves the right to limit the days and hours approved for child care financial assistance

A child with a special health need is defined by the American Academy of Pediatrics (October 1998) as those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition, and who also require health and related services of a type or amount beyond that which is generally required by children.

I, _____ (parent/guardian signature), have applied for
Child Care Financial Assistance for _____ (child's name).

The applicant's signature above also gives permission for this information to be shared with the regional child care financial assistance program eligibility specialist and the Children's Integrated Services Team for determining child care financial assistance eligibility.

A child's special health need status must be determined and documented below by:

- 1) a licensed physician, physician assistant and/or licensed psychologist and a CIS One Plan which identifies the support the child needs to be successful within the early childhood setting; or
- 2) a special education or early intervention assessment signed by a qualified professional that identifies child care as part of the child's Children's Integrated Services One Plan (CIS, birth to age six), Individual Education Plan (IEP, above age three), Coordinated Services Plan (CSP, above age three), or Integrated Family Services Plan (IFS, birth to thirteen) and identifies the support the child needs in order to be successful within the early childhood or school-aged out-of-school-time care setting.

Diagnosis: _____

****Attach a copy of the child's diagnosis and treatment plan that identifies the child care needs and supports****

Expected duration of condition: _____

Days and number of hours per week that child care is needed:

Sun ____ Mon ____ Tues ____ Wed ____ Thurs ____ Fri ____ Sat ____ Total Hours _____

Form Completed by (check): Physician/Physician Assistant Licensed Psychologist

Name (please print): _____ Date: _____

Address: _____ Phone Number: _____

Signature: _____ Title: _____