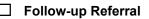
☐ Initial Referral		Initial	Referral
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REFERRAL FOR CHILD CARE FEE SUBSIDY

THIS FORM IS TO BE COMPLETED BY A HEALTH OR SOCIAL SERVICES PROFESSIONAL.

THE INFORMATION PROVIDED WILL BE USED TO DETERMINE ELIGIBILITY FOR CHILD CARE FEE SUBSIDY.

PLEASE CHECK THE BOX THAT APPLIES:

Form Completed by:

HANDS CAS

Multicultural Centre Community Living North Bay Stepping Stones

Family Physician Nurse Practitioner Other

If other, please list the agency and your Position (please note that this will have to be reviewed before approving):

IS THE REFERRAL FOR CHILD OR PARENT?

Check either Child or Parent and complete corresponding sections.

1. Does the child have a diagnosed special need, medical condition?

• Is the child participating in a service (s) listed above?

☐ CHILD FOCUSED REFERRAL:

2.

☐ Physical development

☐ Change in family dynamics

☐ Building peer relationships

1 1 0		
 Is the child on a waiting list for any services listed above? 	\square No	☐ Yes
 Is the child involved with the Inclusion Support Program 	\square No	□ Yes
(support services provided in the child care centre)?		
Does the child require support not related to medical or special needs (e.g. Referrals from CAS, physicians, Multicultural Society, other)?	□ No	□ Yes
What is the reason or need for care? Please check off all that app	ly.	

☐ Communication

☐ New to Canada

☐ Other (e.g. School readiness)

□ No □ Yes

☐ No ☐ Yes

□ Language

☐ Cultural Support

 If you checked "other", a detailed explanation is required in order for DNSSAB to review 							
 How will placement in an early learning and child care centre meet the needs of the child(ren)? 							
PARENT FOCUSED REFERRAL (6	e.g. CAS; from	family doctor,	, etc.)		_		
1. Does the parent have a diagnos	<u>ed</u> special nee	d or medical o	conditio	on? □	No □ Yes		
2. Does the parent require support not related to medical or special needs							
(e.g. CAS, Community Counselling	ng Centre, Mul	ticultural Cent	tre, etc	:.)? □]No □ Yes		
Details of parent's diagnosis or medical condition not required.							
APPLICACANT INFORMATION							
Parent(s) Guardian(s) Full Name:	nt(s) Guardian(s) Full Name: Home Adress:		Telephone Number:				
Child(ren) requiring care for this referr	al:						
Child's Full Name:		Date of Birth:					
***This form must be	completed an	d signed by	referri	ng agent.	***		
When will family require child care:							
Start Date:		End Date/Du	ration:	: 			
☐ Full Days (6 hours of more)							
☐ Half Days (less than 6 hours)		☐ 3 months	□ 6	months	☐ 12 months		
□ PD days/Breaks □ Before School							
☐ After School		_ weel	KS				
Recommended number of days per w	Recommend	led Ho	urs of Car	e:			
☐ Mon ☐ Tues ☐ Wed ☐ Th							

**PLEASE NOTE:

- The referral will be reviewed and approved based on content and completeness of information provided. Lack of information or sections not completed may deem the referral to be denied or delayed.
- The referral must be completed by a third-party professional or agency. To avoid potential conflicts, the individual signing the referral should not be related to the child(ren) or parent.
- If the referring professional/agency no longer provides support to the child(ren) or parent, please notify the Child Care Fee Subsidy office (contact information is provided below).
- SIGNED REFERRALS REQUIRED AT LEASET ANNUALLY. If support is required beyond the recommended duration, number of days per week or recommended hours of care, an updated referral form is required.
- DNSSAB is not responsible for fees associated with obtaining any referral.

Referring Agency/Service/Professional		Telephone Number			
Name of Referrer (please print)		Relationship to Applicant			
Referrer Signature		Date			
CONTACTING DNSSAB:					
INQUIRIES:	705-474-2151 ext. 15558				
SUBMITTING DOCUMENTS:	Email CSR directly: Please choose Or if CSR is unknown, please email childrenservices@dnssab.ca				

Mail to: DNSSAB/CHILDREN'S SERVICES

Fax to:

200 McIntyre St E., P.O. BOX 750 94 King St., Unit 15 540 Valois Dr.

North Bay, ON P1B 8J8 Sturgeon Falls, ON P2B 2Z5 Mattawa, ON P0H 1V0

Notice with Respect to the Collection of Personal Information (Freedom of Information and Protection of Privacy Act) (Municipal Freedom of Information and Protection of Privacy Act) This information is collected under the legal authority of the Family Benefits Act, R.S.O. 1990, C.F.2, sections 9 & 12, the Ontario Disability Support Program Act, 1997, sections 5 & 10, or the Ontario Works Act, 1997, sections 7, 8, & 15, for the purpose of administering Government of Ontario social assistance programs.

Attention: CHILDREN'S SERVICES