



Child Care Fee Subsidy - Exceptional Needs Referral Form

This form must be completed by a health or social services professional. All sections are required; incomplete forms may result in delays or denial of the referral. The information provided will be used to determine eligibility for child care fee subsidy.

Section 1: Referral Date & Type

Date: Initial Referral Follow-up Referral

Section 2: Referring Professional/Agency

- OKP HANDS CAS
 Multicultural Centre Family Physician Nurse Practitioner
 Quality & Inclusion Support Services Other

If other, please list your agency/organization and position:

Section 3: Applicant Information

Parent(s) Guardian(s) Full Name	Home Address	Telephone Number

Section 4: Children Requiring Care

Child's Full Name	Date of Birth



Section 5: Referral Focus

- Parent-Focused Referral (complete Section 6) Child-Focused Referral (complete Section 7)

Section 6: Parent-Focused Referral Details

1. Does the parent have a diagnosed exceptional need or medical condition? No Yes
2. Does the parent require support not related to medical or exceptional needs (e.g. CAS, Community Counselling Centre, Multicultural Centre, etc.)? No Yes

Section 7: Child-Focused Referral Details

1. Does the child have a diagnosed exceptional need or medical condition? No Yes
 - Is the child currently receiving services for their need? No Yes
 - Is the child on a waiting list for any services for their need? No Yes
 - Is the child involved with Quality & Inclusion Support Services? No Yes
(i.e. support services provided by DNSSAB in the child care centre)
2. Does the child require support not related to medical or exceptional needs (e.g. Referrals from CAS, Multicultural Society, other)? No Yes
 - What is the reason or need for care?
 - Physical development Communication Language
 - Change in family dynamics New to Canada Cultural Support
 - Other (please explain):

Section 8: Rationale for Child Care Placement (REQUIRED)

Please describe how child care will benefit the child(ren)/family.



Section 9: Care Requirements

<p>Start Date:</p> <p>End Date/Duration:</p> <p><input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months</p> <p>OR weeks</p>	<p>Type of Care Required:</p> <p><input type="checkbox"/> Full Days (6 hours of more)</p> <p><input type="checkbox"/> Half Days (less than 6 hours)</p> <p><input type="checkbox"/> PD Days/Breaks</p> <p><input type="checkbox"/> Before School</p> <p><input type="checkbox"/> After School</p>
<p>Days of Care Recommended:</p> <p><input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri</p>	<p>Please note: Recommended care will be reviewed by Children's Services. Approved care may be adjusted based on the family's circumstances and the reason care is required.</p>

Section 10: Declaration

****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 are required at minimum yearly.** 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/Organization

Telephone Number

Name of Referrer & Position (please print)

Relationship to Applicant

Referrer Signature

Date



Contact Information

Inquiries: 705-474-2151 ext. **15558**

Submitting Documents: Email childrenservices@dnssab.ca

Fax to: 705-474-8985 Attention: Children's Services

Mail to: DNSSAB Children's Services – 3rd Floor
200 McIntyre St. E, North Bay P1B 8V6

Drop off at any of the DNSSAB offices listed below.

200 McIntyre St E.,
North Bay, ON P1B 8V6

94 King St., Unit 15
Sturgeon Falls, ON P2B 2Z5

540 Valois Dr.
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.