

DOCUMENTATION OF CHILD NEEDS

Child's Surname

First Name

Date of Birth

Address

CONSENT

I authorize _____ (name of agency/service/doctor) to provide the information requested on this form by The County of Oxford Human Services Department respecting my child's special needs for child care services

Parent's/Guardian's signature

Date

The information provided to the following questions will be used to determine the eligibility/ongoing eligibility for child care services under a "special needs category". This form must be completed by a **professional in the health or social services field** who is involved with this household and brought to the in-person eligibility assessment at Oxford County Human Services.

1. Briefly describe the nature of the child's needs as it relates to health, safety and mobility.

2. Briefly describe how attending a licensed child care program will benefit the intended outcomes of the child, based on their needs.

3. What is the number of days and hours per day requested to benefit the intended outcomes of the child based on their needs?

4. If the child attends school, describe the need for licensed child care before and/or after school.

5. What other community resources/programs has your child participated in?

(Please turn over)

6. What community activity/programs/services are the parent/guardian participating in, or could be participating in, outside the home that could provide support in strengthening their child's potential?

7. How will your organization continue to support this child and their family?

Signature/Stamp of person completing assessment

Date

Name of person completing assessment (*Print*)

Title/Position

Name of referring agency

Telephone #

Address

Email Address

The personal information on this form is collected under the authority of the **Early Years and Child Care Act**. The information is used to assess the applicant's eligibility for special needs child care services, and for aggregate statistical reporting. Questions about this collection can be directed to the Human Services Manager, 21 Reeve St, Woodstock ON N4S 7Y3, or by Telephone at (519) 539-9800.