

Children's Services Referral Form (Child)

Section A – to be completed by the Parent/Guardian

Child's Last Name	Child's First Name	Child's Date of Birth (dd/mm/yyyy)
Parent/Guardian Last Name	Parent/Guardian First Name	Parent/Guardian Date of Birth (dd/mm/yyyy)
Address		Phone Number

Consent

I authorize _____ (name of Agency/Physician) to provide the information requested on this form regarding my child's special or social needs to The City of Windsor Children's Services Division in order to determine eligibility for Child Care Subsidy.

Signature of Parent/Guardian

Date

***Please Note: This form must be completed in its entirety or we will be unable to complete your Child Care Subsidy application.**

Section B – to be completed by the referring Agency/Physician

Name of Referring Agency/Physician	Stamp (if applicable)
Address	Phone Number

Please identify the special or social need of the child for whom child care is being requested:

- Autism Spectrum Disorder
 Behaviour
 Environment/Stimulation
 Global/Developmental Delay
 Gross/Fine Motor
 Physical Needs
 Speech/Language Concerns
 Other (please specify) _____

1. How would a child care placement help to address the child's identified needs?

(Child's Name) _____

2. Please indicate the child care centre being accessed: _____

3. Please indicate the amount of child care being recommended:

Half Days (A.M. only) #____ Full days #____

4. Will your agency remain involved once the child is placed in childcare? If yes, what is the service plan/plan of care for this child and/or family?

Who will provide supports?	How often and where will the child receive supports at the child care centre?	When will the child be reassessed?
<i>Eg. Resource Agency</i>	<i>2 mornings/week (Mon/Wed)</i>	<i>6 months</i>

5. What is the approximate length of time this child will need child care as a support to meeting his/her special need?

3 months 6 months

Name of Person Completing this form: (Print)	Title/Position:
Name of Person Authorizing this form: (Print)	Title/Position:
Signature and/or stamp of Person Authorizing this form:	Date:

****If the referring agency no longer provides support to the child, please notify the Child Care Subsidy office at 519-255-5200 ext. 5312. Please note that all referrals require an update after 6 months.**

Please return completed forms by mail to: City of Windsor, Children's Services, P.O. Box 426, Windsor, ON, N9A 6L7 or by fax to: 519-255-5303

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 section 71 of the Child Care and Early Years Act, 2014, S.O 2014, c. 11, Sched.1 (the "Act") for the purpose of determining or verifying a person's eligibility to participate in a child care or early years program or service or to receive financial assistance under the Act. For more information contact: Supervisor – Child Care Subsidy at 519-255-5200 ext. 5216