

## Children's Services Referral Form (Parent)

***Section A – to be completed by the Parent/Guardian***

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 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

**1.** Briefly describe the reason the Parent/Guardian requires child care?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2.** Describe the current treatment plan for the Parent /Guardian including a list of medical/counselling/rehabilitation/agency appointments that occur during the week.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of Appointment	Days per week	Length of Appointment	Length of Treatment
Ex. Physiotherapy	Monday, Wednesday, Friday	12pm to 2pm (2 hours)	3 months

(Parent/Guardian Name) \_\_\_\_\_

3. Please specify potential side effects from Treatment/Medications: (*Do not list names of medications*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Is a complete recovery expected?       YES    NO

5. How often will the Parent/Guardian's treatment plan be re-assessed?

\_\_\_\_\_  
\_\_\_\_\_

6. Please indicate what other supports/services the Parent/Guardian is accessing, if known:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Please state any other considerations that may be relevant in determining the Parent/Guardian's need for child care.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Information:**

<b>Name of Person Completing this form (Print):</b>	<b>Title/Position:</b>
<b>Signature and stamp of Person Completing this form:</b>	<b>Date:</b>

**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