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| --- |
| **Office Use Only**  **Date** (yyyy-mm-dd): \_\_\_\_\_\_\_\_\_\_\_  **Approved Hours: \_\_\_\_\_\_\_\_\_\_\_**  **Request ID:**  \_\_\_\_\_\_\_\_\_\_\_ |

**Children's Services/**

Special Services Unit

Referral Form

# Child Care Support Funds (CCSF)-Level 1

## Child Care Information

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Child Care Centre | | Loc. ID # | Postal Code |
| Street Number | Street Name | Suite/Unit Number | Phone Number |
| First/Last Name of Supervisor | | Email Address | |

## Child's Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First /Last Name of Child | | | Date of Birth (yyyy-mm-dd) | |
| Street Number | | Street Name | Suite/Unit Number | |
| City | | Province | Postal Code | |
| First/ Last Name of Parent/Legal Guardian | | Contact Phone Number | Email Address | |
| First/ Last Name of Parent/Legal Guardian | | Contact Phone Number | Email Address | |
| Program Start Date (yyyy-mm-dd) | | | Referral Date for SNR Support  (yyyy-mm-dd) | |
| Has the child had an assessment  Yes  No  On waitlist | Type of Assessment (If applicable) | | | Diagnosis/Outcome (If applicable) |
| Past/ Present Agency Involvement: | | | | |
| Wait listed for Service: | | | | |
| Does the Child Attend School?  Yes  No | | | | |
| Describe the School Placement | | | | |

## Child Care Suport Fund Plan- Level One

|  |  |  |  |
| --- | --- | --- | --- |
| Presenting Concerns  Safety  Transition Support  Social Interactions  Skill Building  Physical Behaviour  Other: | | |  |
| Areas of Development (be specific about strengths and needs) | | |  |
| Goals and Specific Strategies (implemented through use of the service) | | |  |
| Additional Information Specific to the Request (staff turn over, class size, dynamics of the current situation) | | | |
| What time of day is most beneficial to deliver CCSF services?  Morning  Lunch  Afternoon  After School  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ | Which days per week will the CCSF hours be used? (check all that apply)  Monday  Tuesday  Wednesday  Thursday  Friday | Number of hours used each day | |
| Rate of Pay | |
| Total hours requested (max.60) | |
| **Please Note: The number of hours and rate of pay approved is the maximum dollar amount that will be paid. Any changes to this request must be approved by the Resource Supervisor.** | | | |

## Special Needs Resource Staff (SNR) Information

|  |  |
| --- | --- |
| First/Last Name of SNR | Name of Agency |
| Email Address | Phone Number |

## Contract Agreement

|  |  |  |  |
| --- | --- | --- | --- |
| **The Child Care Centre agrees to the following:**   1. The addition of CCSF services in the child care program. 2. To hire CCSF staff so the regular staff can provide a higher level of support to the child named in the contract. 3. To provide direct supervision to CCSF staff. 4. Payment to CCSF staff according to typical pay schedule and rate indicated on request form. 5. Sign and submit documentation required for CCSF payment in a timely manner. 6. Promptly communicate any concerns or questions to the Special Needs Resource staff 7. On-going collaboration and consultation with the Special Needs Resource staff service regarding the child’s needs and progress. 8. Prompt notification and cancellation of CCSF staff when the child is absent. | | | |
| **Signature** | | **Date (yyyy-mm-dd)** |  |
| **Parent(s) / Legal Guardian(s) agree to the following:**   1. The addition of CCSF staff in the child care centre. 2. To communicate with the child care, Special Needs Resource staff as deemed necessary. 3. To inform the supervisor as soon as possible if child is going to be absent. 4. To allow the Special Needs Resource (SNR) staff to submit an application form for CCSF to the City of Toronto, Children’s Services Division. | | | |
| **Signature** | **Date (yyyy-mm-dd)** | | |
| **Special Needs Resource staff agree to:**   1. Develop goals in partnership with parents and child care staff as described in this agreement. 2. Meet with the child care and family regarding the child’s on-going and changing needs. 3. Maintain active involvement with the child care during the implementation of CCSF. | | | |
| **Signature** | **Date (yyyy-mm-dd)** | | |

Copy given to Parent/Legal Guardian

Toronto Children's Services collects personal information on this form under authority of the City of Toronto Act, S.O. 2006, Chapter 11, Schedule A, s. 8(2) & (c) and the Day Nurseries Act, R.R.O. 1990, Regulation 262, s. 48. The information is used to make recommendations to achieve goals and for aggregate statistical reporting. Questions about this collection can be directed to the Program Manager, Special Services Unit, Metro Hall, 10th Floor, 55 John Street, Toronto, Ontario, M5V 3C6 or by telephone at 416-392-3593.