



St. Thomas-Elgin Social Services
Ontario Works | Children's Services | Housing Services



423 Talbot Street, St. Thomas, Ontario, N5P 1C1
 Phone: 519-631-9350 Toll Free: 1-800-265-4362 Fax: 519-631-1824

THERAPEUTIC REFERRAL FOR CHILD CARE FEE SUBSIDY

Children and families with special needs or social needs may be eligible for a fee subsidy based on an income test.

A child's or family's therapeutic need, must be documented by a health care practitioner and/or accredited agency or program such as All Kids Belong, CPRI, Thames Valley Children's Centre, etc. who are working with the family on an ongoing basis.

The standard application process will be followed and the income test will be used to determine fee subsidy eligibility. Children's Services will approve eligible hours of care on a case-by-case basis.

Please complete this form and return it to your client. Your client is to provide the completed form to the Child Care Assessment Coordinator at the time of application.

To Be Completed by the Referring Agency:

Initial Referral

Renewal Referral

Date: _____

Family Information	
Parent /Guardian Full Name	Parent/Guardian Full Name
Child's Full Name	Child's Date of Birth
Home Address	Phone Number(s)
City	Postal code

Referral Agency Information	
Name of Referring Individual or Health Care Practitioner	Title/Position/Credential/Physician Stamp
Address	City
Postal Code	Contact Phone Number
FAX Number	E-Mail Address

Reason for Referral: Child

Child Need (Please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Social Skills | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Speech/Language Delays | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Cognitive Skills | <input type="checkbox"/> Diagnosed Special Need _____ |
| <input type="checkbox"/> Global Developmental delays | <input type="checkbox"/> Behavior _____ |
| <input type="checkbox"/> Gross /Fine Motor delays | <input type="checkbox"/> Other _____ |

How will your agency support the child during the referral period? Please list specific activities, appointments, etc. that the child will be involved in during the referral period.

In what ways do you expect the child care program to meet the need of this child during the referral period?

There are many benefits to high quality licensed child care programs however it should not be the only solution to support the family. Please list the other agencies that are involved and are providing support services:

Reason for Referral: Parent

The Ministry of Education's definition of a parent's recognized need includes situations where, in the opinion of a medical or other relevant professional, a parent is unable to care for his or her child because of an illness or disability.

Please identify the special need of the parent or guardian requesting child care.

Please explain why the parent or guardian is unable to care for his or her child for the duration of the referral.

In what ways will the child's participation in a licensed child care program meet the needs of this parent and family?

How will your agency/practice support the parent during the referral period?

Professional Services:

In order to provide child care fee subsidy assistance to as many eligible families as possible, applicants will be informed of other sources of funding assistance, programs and services, as applicable to their situation.

- I have referred the family to other Professional Services
- The Family is involved with the following other Professional Services (please list):

Is there a service plan in place for this child and/or family Please explain:

Recommended Schedule for Child Care:

What is the approximate length of time (in weeks or months) this family will need child care as a support to meeting their special needs?

Circle number of days per week Child Care is recommended:	Full Day	Half Day
1		
2		
3		
4		
5		

Please note that the actual schedule of care is determined in consultation between the family, the Child Care Provider, and the child care fee subsidy program.

Signature(s) Health Professional/Social Agency Staff / or Physician Stamp

Name:

Date: _____

Signature:

Following Section to be reviewed and signed by Parent**Consent to Release and Disclose Information Statement:**

By signing this form the Parent(s)/Guardian(s) consent to the release of this information to Children's Services, for the purpose of assessing initial and ongoing eligibility for child care fee subsidy.

As an applicant for Child Care Fee Subsidy assistance from Children's Services, I have read and understand this release of my information. I understand that I will be contacted to arrange for an appointment to determine financial eligibility. I understand that the information will be shared with the child care assessment coordinator and the resulting child care program and the referral agency named in this referral form.

I consent to the disclosure and exchange of information between the STEOW Children's Services and the program/agencies/health professionals identified herein.

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Signature of Parent/Guardian _____

Date Signature of Parent/Guardian _____

Date: _____

Notice of Collection of Personal Information: the information collected on this form is collected under the authority of the Child Care and Early Years Act, 2014 and will be used to determine eligibility for Child Care Fee Subsidy. Questions about this collection of personal information may be directed to STEOW Children's Services.

Office Use			
Initial Referral:	Ongoing :	Incomplete:	
Model of Care Approved:	Approved Days:	Review Date:	
Child Care Provider Name:	Approved Months:	Note:	