



COMMUNITY SERVICES

Telephone: 519-575-4400

TTY: 519-575-4608

www.regionofwaterloo.ca

## Parent/Guardian Illness/Disability/Physical Limitation Form for Assessing Eligibility of Child Care Subsidy

Information provided in this form will assist in determining eligibility for Child Care Subsidy due to the parent's/guardian's own illness, disability, or physical limitation. This form is only to be filled out if in your professional opinion the parent/guardian requires child care to support their illness/disability/physical limitation. Child Care Subsidy will not reimburse any fees charged for completing this form.

**Please note:** Financial support is subject to financial eligibility, which will be determined at the initial intake appointment. Parents/guardians needing to apply for subsidy can apply online at [regionofwaterloo.ca](http://regionofwaterloo.ca) or by calling 519-575-4400.

Parent/Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/guardian authorizes the below Agency/Professional to complete this referral and to forward this information to the authorized representative of Region of Waterloo. This authorization allows Region of Waterloo Children's Services staff to contact the parent/guardian via home/work/cell phone number or email if additional information is required. Parent/guardian authorizes the release of information and gives permission to exchange information between the Community Services Department at Region of Waterloo and this Agency/Professional for determining eligibility for Child Care Subsidy.

Yes       No – Do Not Send the Referral

<b>Referral Source:</b>	<b>Stamp:</b>
<b>Name:</b>	
<b>Phone Number:</b>	
<b>Professional Designation:</b>	
<b>Email:</b>	

**How will child care support the parent's specific needs** (For example: The parent experienced a motor vehicle accident and requires multiple appointments for a successful recovery. Child care will allow the parent to access appointments as part of his/her treatment plan.):

---

---

---

---

**Estimated length of time child care is needed**

Start Date: \_\_\_\_\_ Update Required/End Date: \_\_\_\_\_  
(12 month maximum)

**Child Information and Care Needs**

Please fill out for each child that requires child care.

	<b>Child Name:</b>	<b>Child Birth Date (DD/MM/YYYY):</b>
1		
2		
3		
4		
5		

**Signature of Referring Professional:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**COLLECTION NOTICE**

Personal information on this form is collected under the authority of Source S.8-12, O. Reg. 138/15; Child Care and Early Years Act, 2014, S. O. 2014, c. 11, Sched.1, and will be used to determine eligibility for Child Care Subsidy. Questions about this collection of personal information should be forwarded to the Manager, Child Care Subsidy, 150 Main Street, Cambridge, Ontario N2J 4G6, telephone (519) 575-4400 ext 5518.

**Please note:** A medical or other relevant designated professional is eligible to complete this form. Please talk to your Caseworker or email [ccs@regionofwaterloo.ca](mailto:ccs@regionofwaterloo.ca) if you need clarity about what professionals can complete this form.