



COMMUNITY SERVICES

Telephone: 519-575-4400
TTY: 519-575-4608
www.regionofwaterloo.ca

Referral to Child Care Subsidy for Child with Special or Social Needs

The form is to be completed by the referring Agency/Professional. Information provided in this form will assist in determining eligibility for Child Care Subsidy for a child with a special or social need.

Please note: Financial support for special or social need placement 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 or by calling 519-575-4400.

Child's Name: _____ Child's Date of Birth: _____

Parent/Guardian Name: _____ Phone: _____

Address: _____

Email: _____

Supports Needed for Appointment:

Language Interpreter Language: _____

Other Please Describe: _____

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

Referral Source:

Name: _____

Phone Number: _____

Professional Designation: _____

Email: _____

Referring Agency: _____

Reason for Referral:

Special Need

- Expressive/Receptive Language
- Cognitive Skills
- Visual/Hearing Requirements
- Gross/Fine Motor Skills
- Speech Skills
- Medical Need
- Other (please specify): _____

Social Need

- Behaviour Management
- Family Supports
- Stimulating Environment
- Social Skills
- Self-Help Skills
- Other (Please specify): _____

How will the child care placement address the child’s identified needs?

Type of Care Supported by Referral Source (Select all that apply):

- Centre/Home Based Care (0-4 years)
- School Age (4-12 years) Summer Care

For school-aged only, is the referral to support an indefinite need?

- Yes
- No – Reassessment in 12 months
- N/A (0-4 years)

Signature of Referring Professional: _____ Date: _____

Please return this form to the Region of Waterloo’s Child Care Subsidy office via email by the referral source to ccs@regionofwaterloo.ca or by fax 519-746-7382

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 financial 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.