



FOR OFFICE USE ONLY

CA/PA: _____

Approved _____ JK

Active Y N CW _____ SK

Completed _____ No GR1

New Referral Updated Referral Re-App

COMMUNITY SERVICES
 Children's Services
 P.O. Box 1612
 99 Regina Street South
 Waterloo ON N2J 4G6 Canada
 Telephone: 519-575-4400
 TTY: 519-575-4608
 Fax: 519-746-7382
 www.regionofwaterloo.ca

REFERRAL TO CHILD CARE SUBSIDY FOR PRESCHOOL CHILD WITH SPECIAL OR SOCIAL NEEDS

Child's Name: _____ Date of Birth: _____ (DD / MM / YYYY)

Parent/Guardian Name(s): _____ Home Phone: _____

Address: _____ Cell Phone: _____

(Street)

(City, Province)

(Postal Code)

Work Phone: _____

Email: _____

REFERRING AGENCY

Agency Name: _____

Phone Number: _____ Ext: _____

Contact Name: _____

SUPPORTS NEEDED FOR APPOINTMENT

Language Interpreter Language _____

Sign Language Interpreter

ECE Resource Consultant -contact to schedule appointment

Other: _____

REASON FOR REFERRAL

Special Need

- Expressive / Receptive Language
- Cognitive Skills
- Visual / Hearing Requirements
- Gross / Fine Motor Skills
- Speech Skills

Diagnosis _____

Social Need

- Behaviour Management
- Family Supports
- Stimulating Environment
- Social Skills
- Self Help Skills

Other _____

List any developmental screening tools used: _____

How will the child care placement address the child's identified needs? _____

Is this child already enrolled in?

Junior Kindergarten Y N Senior Kindergarten Y N

Please identify the need for a child care placement in addition to school. _____

RECOMMENDATIONS FOR PROGRAM PLACEMENT

- | | |
|--|---|
| <input type="checkbox"/> Child Care Centre | <input type="checkbox"/> Full Day (9am-3pm) |
| <input type="checkbox"/> Nursery School | <input type="checkbox"/> Half Day (9am-11:30am or 1pm-3:30pm) |
| <input type="checkbox"/> Home Child Care | <input type="checkbox"/> JK/SK Schedule <input type="checkbox"/> F/T Summer |

Does the family also require care for work/school? Y N Number of Days per Week
1 2 3 4 5

Will your agency remain involved once the child is placed in a program? Y N

SUPPORT SERVICES TO THE CHILD IN THE PRESCHOOL SETTING *(Please indicate which ones)*

- | | |
|--|--|
| <input type="checkbox"/> Community Living Cambridge Preschool Services
(519) 623-7490 | <input type="checkbox"/> Developmental Services Resource Centre
(519) 741-1121 |
| <input type="checkbox"/> KidsLINK Preschool Support Services
(519) 741-1122 | <input type="checkbox"/> Elmira District Community Living Preschool Services
(519) 669-3205 |
| <input type="checkbox"/> KidsAbility
(519) 886-8886 | <input type="checkbox"/> Referral to SNAP
(519) 883-2022 |
| <input type="checkbox"/> K-W Habilitation Services, Preschool Outreach
(519) 884-8080 | |
- ROW
- Infant & Child Development
 - Resource Consultant, Children's Centre
 - Healthy Babies, Healthy Children

I _____ AM AWARE OF AND HEREBY AUTHORIZE THE REFERRAL OF _____ TO THE REGION OF WATERLOO CHILDREN'S SERVICES, FOR THE PURPOSE OF SECURING A CHILD CARE PLACEMENT FOR THIS/MY CHILD. I UNDERSTAND THAT I WILL BE CONTACTED TO ARRANGE FOR AN APPOINTMENT TO DETERMINE MY FINANCIAL ELIGIBILITY. I ALSO UNDERSTAND THIS INFORMATION ABOUT THE / MY CHILD WILL BE SHARED WITH A SUBSIDY CASEWORKER AND ANY RESULTING CHILD CARE PLACEMENT / PROGRAM.

Parent/Guardian Signature(s): _____ Date: _____

Witness: _____

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, 5th Floor, 99 Regina St. South, Waterloo, Ontario N2J 4G6, telephone (519) 575-4400 ext 5518.