

Child's surname:	First name:	Date of Birth:
Parent's/Guardian's surname:	First name:	Phone number: ()
		Cell phone number: ()
		Work number: ()
Address:	Transportation required (yes or no)?	
Child Care Centre/Program:	Number of days/week childcare is required:	
Proposed start date: (dd/mm/yy)		

Consent

I authorize _____ (*name of agency/doctor*) to provide the information requested on this form by Hastings County Children's Services respecting my child's special needs for child care services.

Parent's/Guardian's signature:	Date:
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The information provided to the following questions will be used to determine eligibility/ongoing eligibility for child care services under a "special needs" category. This form must be completed by a **professional in the health or social services field** who is involved with this household and forwarded to Children's Services for eligibility assessment every six months.

Reason(s) for referral- please check the specific need(s) and explain below:

- physical, emotional, mental, or developmental impairment;
- speech and language development;
- cultural or environmental factors which may be determined to the development of the child;
- Is there a medical diagnosis? If so, please list:

In what way would the placement of the child in a child care program be of benefit?

Are there any other community agencies actively involved with the family? Please list:

Name of the referring professional	Title/Position
Name of Referring agency	Telephone #
	Address
Signature of referring professional	Date