

Documentation of Parent/Guardian Special Needs

Applicant's surname	Applicant's first name
Address	Home phone #
	Cell phone #

Consent

I authorize _____ (name of agency/doctor) to provide the information requested on this form by Hastings County Children's Services respecting my 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 brought to the in-person eligibility assessment at Children's Services.

I, undersigned, certify that _____ has the following illness/disability:

Please indicate if illness/disability is PERMANENT OR TEMPORARY

Please fill out the required time this person is unable to care for his/her child(ren):

From _____ To _____
dd/mm/yy dd/mm/yy

Please circle the number of days per week that Child Care is recommended indicating half or full days:

1 2 3 4 5 half-days OR full-days

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