



The personal information collected on this form is under the authority of the Freedom of Information and Protection of Privacy Act and the Child Care Subsidy Act. The information will be used to determine eligibility for child care subsidy and/or for the special needs supplement. Personal information is protected from unauthorized use and disclosure in accordance with the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, use or disclosure of this information, please call the Child Care Subsidy Service Centre at 1-888-338-6622.

This form is intended to indicate a child with special needs for the purposes of establishing eligibility to receive the special needs supplement and/or for increasing the threshold level for child care subsidy. Section 2 of this form must be completed by an authorized professional.

- The special needs supplement is available to parents who are eligible for child care subsidy and who have children with designated special needs that require child care.
The special needs supplement provides up to \$150 per month towards the cost of the space fee.
The total combined amount of the child care subsidy and the special needs supplement cannot exceed the child care space fee.

SECTION 1 APPLICANT INFORMATION (Please print)

Form with fields for APPLICANT'S NAME (Last, First and Middle), APPLICANT'S SOCIAL INSURANCE NUMBER, and NAME OF CHILD WITH SPECIAL NEEDS (Last, First and Middle).

SECTION 2 AUTHORIZED PROFESSIONAL

This section must be completed by one of the following (Please check the applicable box). Includes checkboxes for Supported Child Development Consultant/Coordinator, Medical Doctor, Optometrist/Ophthalmologist, Audiologist, Occupational Therapist, Psychologist, Speech Language Pathologist, Physiotherapist, and Infant Development Consultant. Also includes fields for AUTHORIZED PROFESSIONAL'S NAME, AGENCY NAME (if applicable), BUSINESS ADDRESS, CITY/TOWN, and POSTAL CODE.

I confirm the child named in Section 1 has a physical, intellectual, emotional, communicative or behavioural impairment and requires additional support services because of that impairment.

In my opinion this child will continue to require additional support services until their 19th birthday: [] Yes [] No

If No, I expect this child will require additional support services until _____ (yyyy/mmm/dd).

Complete only one of the following:

[] The child named in Section 1 requires child care;

OR

[] The child named in Section 1 does not require child care.

Form with fields for AUTHORIZED PROFESSIONAL'S SIGNATURE and DATE SIGNED (YYYY/MMM/DD).

For information on Supported Child Development visit their website at: www.scdp.bc.ca

Forms can be obtained at one of the following:
www.mcf.gov.bc.ca/childcare/application.htm
OR the CCSSC at 1-888-338-6622
OR the Service BC Centres at 1-800-663-7867
OR your local Child Care Resource and Referral office

CHILD CARE SUBSIDY DOES NOT PAY FOR THE COMPLETION OF FORMS