

Human Services

21 Reeve Street, P.O. Box 1614 Woodstock, Ontario N4S 7Y3 Phone: 519-539-9800 • Fax: 519-421-4710

Web site: www.oxfordcounty.ca

DOCUMENTATION OF CHILD SPECIAL NEEDS

Child's Surname	First Name	Date of Birth
Address		
CONCENT		
CONSENT	/ 	and the teachers are the first teachers.
I authorize		gency/doctor) to provide the information ing my child's special needs for child
care services	ord County Fluman Services respect	ing my child's special needs for child
Parent's/Guardian's signature		Date
	e following questions will be used to	
	s under a "special needs category".	
-	ment at Oxford County Human Servi	ed with this household and brought to ices
	he special need of the child for whor	
	cpccia: 1.00a cr 1.10 cr.11a 101 11.10	
In what way would the placem	ant of the shild in a shild care progra	um ha of hanofit?
in what way would the placem	ent of the child in a child care progra	an be of benefit?
What is the parent doing to inc	crease their child's potential outside t	the home to assist with their parenting?
If the child attends school, des	scribe the need for child care before	and/or after school
Describe any community activ	ity the child may participate in, and t	he supports that are required to meet
that need	ny are erma may paraerpate in, ana a	no supporte that are required to most



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(Please turn over)

Describe any ongoing agency involvement with respect to treatment, therapy or counseling and indicate how many hours (daily, weekly or monthly) are spent in treatment or counseling

Describe any ongoing support you will be providing to this family.			
VAIL- C is the constraint of t	10		
What is the approximate length of time this person will need child care as a support to meeting their special need? What is the # of days per week and length of the day the child will need child care to meet the needs of this child?			
Circulative of paragraphs and paragr	Dete		
Signature of person completing assessment	Date		
Name of person completing assessment (<i>Print</i>)	Title/Position		
, ,			
Name of referring agency	Telephone #		
Address			

The personal information on this form is collected under the authority of the Day Nurseries Act, 1990. The information is used to assess the applicant's eligibility for special needs child care services, and for aggregate statistical reporting. Questions about this collection can be directed to a Coordinator at Oxford County Human Services, 21 Reeve St, PO Box 1614, Woodstock ON N4S 7Y3, or by Telephone at 519-539-9800.