



**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](http://www.oxfordcounty.ca)

**DOCUMENTATION OF PARENT/GUARDIAN SPECIAL NEEDS**

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|----------------------------|-------------------|----------------------|
| <b>Applicant's Surname</b> | <b>First Name</b> | <b>Date of Birth</b> |
|----------------------------|-------------------|----------------------|

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**Address**

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**CONSENT**

I authorize \_\_\_\_\_ (name of agency/doctor) to provide the information requested on this form by The Oxford County Human Services respecting my special needs for child care services

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|-------------------------------|------|
| Parent's/Guardian's signature | Date |
|-------------------------------|------|

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The information provided to the following questions will be used to determine the 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 Oxford County Human Services.

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Briefly describe the nature of the special need of this person

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In what way would the placement of the child in a child(ren) care program be of benefit to the applicants health?

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In your opinion, is this parent/guardian able to work/attend school outside the home on a full-time basis, assuming that child care needs are met?

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If the child(ren) attends school, describe the need for child care before and/or after school

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What factors prevent this person from providing adequate daily care for the child(ren)

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(Please turn over)

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Describe any ongoing treatment, therapy or counseling serviced required

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How many hours daily, weekly or monthly are spent in treatment or counseling?

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Describe any ongoing support you will be providing to this person

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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 parent/guardian?

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Signature of person completing assessment

Date

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Name of person completing assessment (*Print*)

Title/Position

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Name of referring agency

Telephone #

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Address

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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 the Department of Human Services, 21 Reeve St, PO Box 1614, Woodstock, Ontario, N4S 7Y3, or by Telephone at (519) 539-9800.