



Department of Human Services
P.O. Box 1614, 21 Reeve Street,
Woodstock, Ontario N4S 7Y3
Phone: 519-539-9800 ☐ Fax: 519-421-4710
Website: www.oxfordcounty.ca

DOCUMENTATION OF CHILD SPECIAL NEEDS

Child's Surname	First Name	Date of Birth
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Address

CONSENT

I authorize _____ (name of agency/doctor) to provide the information requested on this form by The County of Oxford's Department Human 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 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 The Department of Social Services and Housing.

Briefly describe the nature of the special need of the child for whom child care is being requested

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

What is the parent doing to increase their child's potential outside the home to assist with their parenting?

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

Describe any community activity the child may participate in, and the supports that are required to meet that need

(Please turn over)



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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.

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?

Signature of person completing assessment

Date

Name of person completing assessment (*Print*)

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