

A. Applicant - Facility Information	
Name of child care facility:	Facility Number:
Name of director/family child care provider:	
Phone:	Email:

B. Program Application and Eligibility Criteria
<b>*Please note: The service a family receives under the Inclusion Support Program are subject to eligibility, assessed need and program resources available.</b>
<b>Declaration of Consent</b>
<input type="checkbox"/> I have received consent to release personal information and/or personal health information about the child and parent(s) or guardians for the purposes of determining program eligibility and service planning.

Please check the appropriate box ( <b>only one</b> )	
<input type="checkbox"/> The child receives supports through Children's disABILITY Services and/or has a formal diagnosis. <ul style="list-style-type: none"> <li>• Has a lifelong physical disability with significant functional limitations in mobility.</li> <li>• Has been diagnosed with Autism Spectrum Disorder (ASD)</li> <li>• Has lifelong, extreme and complex medical needs (URIS group A)</li> <li>• Has demonstrated substantial delay in cognitive, physical, social, emotional and/or language development.</li> </ul> What is the child's primary diagnosis?	<input type="checkbox"/> The child exhibits behavioural or emotional difficulties characterized by, impaired adaptive functioning which disrupts the child's ability to adequately participate in programming and activities, and these behaviours continue over a period of time.

C. Child Information	
Child's name:	Date of birth (dd/mm/yy) :
Is the child currently enrolled at the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "no", what is the targeted enrollment date? (dd/mm/yy) :
Type of space: <input type="checkbox"/> infant <input type="checkbox"/> preschool <input type="checkbox"/> nursery school <input type="checkbox"/> school age	

D. Family Information	
<input type="checkbox"/> Parent <input type="checkbox"/> Guardian/Agency (if applicable)	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian/Agency (if applicable)
Daytime phone number:	Daytime phone number
Email address:	Email address:
Reason for child care:	
<input type="checkbox"/> currently employed <input type="checkbox"/> enrolled in a job skills training program <input type="checkbox"/> enrolled at an educational institution <input type="checkbox"/> seeking employment <input type="checkbox"/> medical/special needs of the family <input type="checkbox"/> CFS support plan	

E. Application Authorization	
<input type="checkbox"/> I declare that the information provided in this application is true and accurate.	
Name of Director/Provider:	Date (dd/mm/yy) :

F. For Office Use Only	
<input type="checkbox"/> Approved <input type="checkbox"/> Not approved    ELCC Program Authorization:	Date (dd/mm/yy) :