

**Early Learning and Child Care Program (ELCC)
Inclusion Support Program (ISP) Eligibility Application**



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	
<p>*Please note: The service a family receives under the Inclusion Support Program are subject to eligibility, assessed need and program resources available.</p> <p>Declaration of Consent</p> <p><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.</p>	
Please check the appropriate box (only one)	
<input type="checkbox"/> The child receives supports through Children's disABILITY Services and/or has a formal diagnosis. <ul style="list-style-type: none"> Has a lifelong physical disability with significant functional limitations in mobility. Has been diagnosed with Autism Spectrum Disorder (ASD) Has lifelong, extreme and complex medical needs (URIS group A) Has demonstrated substantial delay in cognitive, physical, social, emotional and/or language development. <p>What is the child's primary diagnosis?</p>	<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:
<p>Reason for child care:</p> <p><input type="checkbox"/> currently employed <input type="checkbox"/> enrolled in a job skills training program <input type="checkbox"/> enrolled at an educational institution</p> <p><input type="checkbox"/> seeking employment <input type="checkbox"/> medical/special needs of the family <input type="checkbox"/> CFS support plan</p>	
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) :	