



Children's Services, Social Services Division

Special/Social Needs Referral for Child Care Subsidy

| To be completed by family requesting child care subsidy (please print) | |
|--|----------------|
| Parent/Guardian Name: | Date of Birth: |
| Address: | Telephone: |
| Child's Name: | Date of Birth: |
| Child's Name: | Date of Birth: |
| I hereby consent to the release of information by _____ (referring agency) to an authorized representative of the Children's Services Program, for the City of Peterborough. | |
| Applicant Signature: _____ Date: _____ | |

| To be completed by referring agency (please print) | |
|---|------------------|
| Name of Agency: | Referrer's Name: |
| Address: | Signature: |
| Telephone: | Date: |
| Please check the following need for child care: <input type="checkbox"/> Special Need - Child <input type="checkbox"/> Social - Need Child <input type="checkbox"/> Medical Need - Parent | |
| When is child care needed (DD/MM/YY)? Start date: / / End date: / / | |
| Please describe in detail the nature of the child's Special or Social needs <u>OR</u> specify limitations to activities of daily child care if based on parents' medical need. | |
| The number of days child care is provided/approved will be determined by Children's Services. Completion of this form does not guarantee eligibility. | |

If this information is required in an accessible format, please contact 705-748-8830 ext.3226.