

DISTRICT OF PARRY SOUND

SPECIAL NEEDS RESOURCE FUNDING APPLICATION

For more information email: ccsm@psdssab.org
 Email completed applications to: ccsm@psdssab.org

Special Needs Resource Funding is provided by the District of Parry Sound Social Services Administration Board to support the inclusion of children with identified special needs.

- This form is to be completed by the child care licensee.
- Please complete all sections and ensure supporting documents are submitted with the application.

THIS FORM IS TO BE COMPLETED BY A PROGRAM SUPERVISOR
***INFORMATION PROVIDED WILL BE USED TO DETERMINE ELIGIBILITY FOR SPECIAL NEEDS SUPPORT FUNDING**

Program Name: _____ Supervisor: _____
 Email: _____ Contact Number: _____
 Anticipated Support Start Date: _____ Support End Date: _____
 Total # of weeks: _____ Total amount of funding requested: \$ _____
 Hourly wage set for hired special needs support person? \$ _____

GENERAL INFORMATION

Childs Name: _____ Date of Birth: _____
 Date of Enrollment: _____ Program Location: _____

Age Group:	Infant <input type="checkbox"/>	Toddler <input type="checkbox"/>	Preschool <input type="checkbox"/>	School Age <input type="checkbox"/>
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Days and hours requested for inclusion support:

Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>	PD Days (if applicable) School Breaks (if applicable) <input type="checkbox"/>
# of Hours:	# of Hours:	# of Hours:	# of Hours:	# of Hours:	# of Hours:

Are the Parent(s)/Guardian(s) working or attending school? Yes No

Comments (if applicable):

Is child/ren currently involved with support services (Inclusion Support Services, Infant Development, HANDS, OKP, CAS, etc.)? Yes No

List of Support Services:

PURPOSE OF FUNDING REQUEST

Provide details regarding why you are applying for Special Needs Resource Funding identifying program challenges/concerns and pressures (i.e. staffing needs, training needs, ratio of children with special needs in program, environment needs, etc.). Identify the most critical times of need for an inclusion support facilitator.

BACKGROUND INFORMATION

Describe any extenuating needs for this child (i.e. disruptive behaviour, flight risk, medically fragile, personal care, physical needs, etc.), be as specific as possible.

Explain what adaptations and/or training plan strategies you have already implemented and/or those you plan to implement to enable your program to provide quality inclusion of children with special needs. How will inclusion support funding support your program? Considering environment, activities, training/education of staff, teaching strategies, extra staff hours required, etc.

Are there support letter(s) attached with this request? Yes No

Name of Applicant (please print)

Signature of Applicant

Date: _____

FOR OFFICE USE ONLY- DSSAB APPROVAL

Approved

Denied