



The personal information collected on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act for the purpose of administering the Child Care Subsidy Act. The Freedom of Information and Protection of Privacy Act protects the personal information collected from unauthorized use and disclosure. If you have any questions about the collection, use or disclosure of this information, please call the Child Care Subsidy Service Centre at 1 888 338-6622 or inquire in writing to the address at the end of this form.

This form is intended to indicate a child with special needs for the purposes of establishing eligibility to receive the Special Needs Supplement and/or for increasing the threshold level for Child Care Subsidy. Section 2 of this form must be completed by an authorized professional.

- The Special Needs Supplement is available to parents who are eligible for Child Care Subsidy and who have children with designated special needs that require child care.
• The Special Needs Supplement provides up to \$150 per month towards the cost of the space fee.
• The total combined amount of Child Care Subsidy and the Special Needs Supplement cannot exceed the child care space fee.

SECTION 1 APPLICANT INFORMATION (please print)

Form with fields: APPLICANT'S NAME (Last, First And Middle), SOCIAL INSURANCE NUMBER, NAME OF CHILD WITH SPECIAL NEED (Last, First And Middle)

SECTION 2 AUTHORIZED PROFESSIONAL

Form with checkboxes for professions: Medical Doctor/Physician, Occupational Therapist, Infant Development Consultant, Psychologist, Physiotherapist, Supported Child Development Consultant, Audiologist, Optometrist/Ophthalmologist, Speech Language Pathologist, CYSN Social Worker. Includes fields for AUTHORIZED PROFESSIONAL NAME, AGENCY (if applicable), BUSINESS ADDRESS, CITY/TOWN, POSTAL CODE, PHONE.

I confirm the child named in Section 1 has a physical, intellectual, emotional, communicative or behavioural impairment and requires additional support services because of that impairment.

In my opinion this child will continue to require additional support services until their 19th birthday: Yes No

If "No", I expect this child will require additional support services until (YYYY/MMM/DD) *

*Note: If you do not indicate how long you expect the child to require additional support services, the parent will be required to have an authorized professional complete this form annually in order to submit it with his/her application for Child Care Subsidy.

Form with fields: AUTHORIZED PROFESSIONAL'S SIGNATURE, DATE SIGNED (YYYY/MMM/DD)

Once completed, please fax or mail to the Child Care Subsidy Service Centre

Toll Free Fax 1-877-544-0699

Toll Free Phone 1-888-338-6622

Forms available at: www.gov.bc.ca/childcaresubsidy

Mailing Address

Child Care Subsidy Service Centre

PO Box 9953 Stn Prov Govt

Victoria BC V8W 9R3

CHILD CARE SUBSIDY DOES NOT PAY FOR THE COMPLETION OF FORMS