



The personal information collected by the Ministry of Education and Child Care on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act s. 26(c) for the purpose of administering the Early Learning and Child Care Act. If you have any questions about the collection, use or disclosure of this information, please call the Child Care 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 support needs for the purposes of establishing eligibility to receive the Support Needs Supplement and/or for adjusting the income level for the Affordable Child Care Benefit. Section 2 of this form must be completed by an authorized professional.

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

Section 1 Applicant Information (please print)

Form with fields for Applicant's Name (Last, First and Middle), Social Insurance Number, and Name of Child with Support Need (Last, First and Middle).

Section 2 Authorized Professional

Form for Authorized Professional with checkboxes for various professions (Audiologist, Nurse Practitioner, Psychologist, etc.) and fields for Authorized Professional Name, Agency, Business Address, City/Town, Postal Code, and Phone.

I confirm the child named in Section 1 is experiencing a developmental delay or disability and requires additional support services to optimize the child's development, functional abilities and quality of life.

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 their application for the Affordable Child Care Benefit.

Form with fields for Authorized Professional's Signature and Date Signed (yyyy-mmm-dd).

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

Toll Free Fax 1-877-544-0699
Toll Free Phone 1-888-338-6622
Website: gov.bc.ca/affordablechildcarebenefit

Mailing Address
Child Care Service Centre
PO Box 9953 Stn Prov Govt
Victoria BC V8W 9R3

AFFORDABLE CHILD CARE BENEFIT DOES NOT PAY FOR THE COMPLETION OF FORMS