BRITISH COLUMBIA | Ministry of Children and Family Development

Affordable Child Care Benefit
Special Needs

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 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 adjusting the income level for the Affordable Child Care Benefit. Section 2 of this form must be completed by an authorized professional.

- The Special Needs Supplement is available to parents who are eligible for Affordable Child Care Benefit and who have children with designated special needs who require child care.
- The Special 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 Special Needs Supplement cannot exceed the child care fee.

Section 1 Applicant Information (please print)

Applicant's Name (Last, First and Middle)	Social Insurance Number

Name of Child with Special Need (Last, First and Middle)

Section 2 Authorized Professional

☑ Check the box that describes your profession.

☐ Audiologist	☐ Nurse Practitioner	☐ Psychologist
☐ CYSN Social Worker	☐ Occupational Therapist	☐ Speech Language Pathologist
☐ Infant Development Consultant	☐ Optometrist/Ophthalmologist	☐ Supported Child Development Consultant
☐ Medical Doctor/Physician	☐ Physiotherapist	

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 the Affordable Child Care Benefit.

Authorized Professional's Signature	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