



RESOURCES FOR EXCEPTIONAL CHILDREN AND YOUTH - Durham Region

865 Westney Rd. South, Ajax, Ontario L1S 3M4
Telephone (905) 427-8862 Fax (905) 427-3107 Toll Free 1-800-968-0066

Enhanced Staffing Support Application Form

Date of Application: _____

Please check applicable funding period (**please select one**):

January – June

September – December

July – August

PLEASE NOTE: If this is a request for **shared support** in one classroom, please fill out **page 1** only once and pages 2-5 for each respective child.

Centre Name: _____

Address: _____

Postal Code: _____ Telephone: _____

Supervisor's Name: _____

Email Address: _____

This application is for support in which classroom? _____

children enrolled: _____ : # staff: _____ Request for **Individual Support** OR **Shared Support**

Are you currently using Enhanced Staffing in this room? Yes No How many hours/day? _____.

You are requesting support for: _____ X _____ = _____.
of hours/day # days/week total weekly hours

Hours Program Assistant will work: _____ P.A. hourly rate \$ _____
(e.g. 3:30 – 5:30, 9:00 – 11 & 3 – 4:30)

Additional support for P.A. days and school closures: _____ X _____
Number of days # of hours /day

School Board child attends (if applicable): _____

If this is an application for **Shared Support**, only pages 2-5 need to be filled out for each additional child included in this application.

Child's Name:		Date of Birth:	
Diagnosis:			
Date of Diagnosis/By Whom?			
Submitted to RFECY? Yes / No			
Name of Parent(s)/Guardians:			
Address:			
Home Phone:		Work Phone:	
Parent(s) are: (Please circle all that apply) Working Full time YES / NO or Part time YES / NO			
Attending School Full time YES / NO or Part time YES / NO			
Is this family currently receiving Child Care Subsidy? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Waitlisted			
What other services for this child have been accessed by you, the Child Care Centre , at the time of this application?			Status (Please Explain)
Central East Autism Program (CEAP)			
Durham Behaviour Management Services			
Durham Infant and Child Development Services			
Grandview Children's Centre			
Durham Preschool Speech and Language Program			
Kinark Child & Family Services			
Resources for Exceptional Children And Youth – Durham Region Enhanced Staffing: <input type="checkbox"/> YES <input type="checkbox"/> NO Consultation: <input type="checkbox"/> YES <input type="checkbox"/> NO Resource Consultant's Name: _____			
Other:			

Reason you are applying for ES Support (please check *only those* that apply):

Enhanced Staffing applications will be prioritized based on the child’s level of need and availability of funding. Please provide an accurate, detailed summary of this child’s needs in your program. RFECY reserves the right to conduct observations to confirm information provided in application or to gain additional information.

The child you are applying for:	√	If checked, please provide explanation including frequency, severity, etc.
Needs adult assistance for positioning, mobility, and use of equipment frequently during his/her attendance.	<input type="checkbox"/>	
Is in a physical environment that increases his/her level of need and impacts on the ability to keep him/her safe; challenges cannot be addressed by environmental adaptations.	<input type="checkbox"/>	
Requires an extraordinary level of adult intervention due to his/her medical needs which require ongoing monitoring and administration responsiveness.	<input type="checkbox"/>	
Lacks understanding of personal safety which frequently puts him/her in dangerous situations.	<input type="checkbox"/>	
Demonstrates injurious behaviours to others with high frequency and severity.	<input type="checkbox"/>	

Access Criteria for Enhanced Staffing Support:

- ! Parents/Guardians work or live in Durham Region and **require** care for their child due to work or school commitments.
- ! Referral and intake to RFECY must be completed by the family before an application is submitted.
- ! The Centre has connected with other community support services as appropriate (e.g., Grandview/Preschool Outreach Program; RFECY-Consultation; DBMS; CNIB/OFVIC; etc.) **regarding this particular child** and can show evidence of referral, waitlist, or utilization of these services.
- ! Enhanced Staffing Support is part of a plan to support the child in the community with all appropriate partners and, whenever possible, hours would be gradually decreased.
- ! The child’s identified need impacts significantly on their health and safety in the child care / community setting.

Additional Considerations:

- ✓ Enhanced Staffing Support will not be approved for developmental or educational purposes.
- ✓ ES Support will not be approved at a licensed child care program to follow through with complex medical care when it has been determined that a nursing professional is required. When a nursing professional is not required, ES Support may be considered providing the centre has sufficient insurance.
- ✓ ES Support is enhancement over and above current staff ratios within the classroom and not individual 1:1 funding.
- ✓ Approvals will be prioritized and determined based on the child’s level of need and funding availability.

As parents and child care providers, our signatures acknowledge that:

- We hereby apply for Enhanced Staffing Support and declare that the enclosed information is true to the best of my/our knowledge.
- To determine if we meet the criteria, we understand an observation at the centre may be conducted by the Community Supports Manager or designate. In addition, centre visit(s) for the purpose of sharing resource information and/or strategies may also occur by Community Supports Manager or designate.
- We are aware that the child and /or licensed child care program must meet the specific criteria prior to consideration of approval of support.
- We understand that Resources for Exceptional Children and Youth - Durham Region will attempt to provide support that responds in a manner that is fair and equitable throughout the Region. Limited resources are available.
- If this child is withdrawn from the designated program, this application becomes null and void; funding is allocated to the child care centre and is non-transferable.

Signature of Licensed Child Care Supervisor

Date

- **In addition to the above, as parent/guardian of the child named on this application, I understand that if funding is approved, I am hereby consenting to receive service from the Enhanced Staffing Program for the length of approval.**

Signature of Parent/Guardian

Date

COMMUNICATION AGREEMENT

All application information is treated confidentially. In order to evaluate the application and to ensure accountability for public funds related to criteria for access, it may be necessary to confirm information provided by child care centre/family regarding role of community service provider(s) prior to a decision regarding Enhanced Staffing funds. In order to proceed with your application, we require authorization for release of information as outlined below.

I/We _____ of _____
(Parent/Guardian) *(Address)*

understand that clarification and/or verification of information contained in the application may be required and within those limits, **authorize Resources for Exceptional Children and Youth – Durham Region** to contact/or be contacted by the individuals/agencies/services listed below.

	<u>IDENTIFY and INITIAL as appropriate:</u>
<i>(Please initial)</i>	
[]	Infant and Child Development Services Durham
[]	Durham Behaviour Management Services
[]	Grandview Children’s Centre
[]	Other (please identify) _____
[]	Other (please identify) _____

Regarding _____ Address: _____
(Name of Centre/Program)

Regarding _____ D.O.B. _____
(Child’s Name) *(mm / dd / yy)*

Unless otherwise noted, this authorization is valid for the duration of the funding allocated.

(Date) *(Signature of Parent(s)/Guardian(s))*

(Date) *(Signature of Witness)*

Information is collected under the authority of the Child and Family Services Act 7(1)(6) Privacy Act.

Please forward completed application to:

Jo-Ann McLellan
Community Supports Manager
Resources for Exceptional Children and Youth – Durham Region
865 Westney Road South
Ajax, ON L1S 3M4

jmclellan@rfecydurham.com

Fax: 905-427-3107