

## Application - Enhanced Staff Support Funding - School Age

- Regular School Day / PD Days / School Holidays

- Children's Inclusion Support Services

### Eligibility for Enhanced Staff Support Funding

Enhanced Staff Support Funding is available to child care programs supporting a child(ren) with a **significant**:

- 1) Physical/medical challenge(s) which impacts on his/her mobility and self care.
- 2) Unsafe Challenging Behaviours which results in causing serious harm or injury to themself(ves) or others, may cause damage to the environment, or is disruptive to the group compromising the safety and supervision of themself(ves) and others.
- 3) Safe Challenging Behaviours which do not result in causing harm or injury to themself(ves) or others but which require direct support by an adult for the majority of time the child(ren) is/ are in child care.

Without this support, the child(ren) would be unable to participate in the routines and activities of the child care program.

Child Care Program \_\_\_\_\_

Director \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Resource Consultant (if confirmed) \_\_\_\_\_

This application is for a child in the School Age Pilot Project. An assessment has been sent for eligibility to be established.

### Documents/training (check off if completed)

- |  |  |
|--|--|
| <input type="checkbox"/> Inclusion Profile   | <input type="checkbox"/> In-service training (re: child(ren's) diagnosis/behaviours) |
| <input type="checkbox"/> Child Profile   | <input type="checkbox"/> Team Service Plan (TSP)                                     |
| <input type="checkbox"/> Data sheets regarding behaviours being identified                               |  |
| <input type="checkbox"/> ABC (Antecedent/Behaviour/Consequence)  |  |
| <input type="checkbox"/> Frequency   |  |
| <input type="checkbox"/> Module 1 – Setting Up Great Spaces for Everyone                                 |  |
| <input type="checkbox"/> Module 2 – Dynamic Programs: Effective Structure and Transitions                |  |
| <input type="checkbox"/> Module 3 – Responding with Heart: Building Trusting Relationships               |  |
| <input type="checkbox"/> Module 4 – Reflective Programming: Creating Opportunities for Everyone to Learn |  |

Name of Child(ren) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Attendance:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
A.M. __ P.M. __	A.M. __ P.M. __	A.M. __ P.M. __	A.M. __ P.M. __	A.M. __ P.M. __

Program Group:

kindergarten     school age program     home child care

Number of staff in the group \_\_\_\_\_      Number of children in the group \_\_\_\_\_

Are you currently at full capacity?     Yes     No \_\_\_\_\_

Other adult support that could be utilized:     Daily     Regularly     Occasionally

Director     Volunteers     Students     Parents/Guardians     Other \_\_\_\_\_

This application is being submitted due to:

Physical/Medical Needs     Unsafe Challenging Behaviours     Safe Challenging Behaviours

Based on observations, data collection, and/or conversations with parents/guardians, clearly describe the behaviour or physical/medical need.

Specific routines/times of day needs/behaviours are critical and require additional support.

What strategies/resources have been utilized to date?

- Intake meeting with parents/guardians – child not yet enrolled
- Met with parents/guardians to gather further information
- Observed child in the program
- Met/spoke with Resource Consultant to review data
- Requested resources from the CISS Resource Library
- Strategies that are currently being implemented are.....

**Application request summary: Regular School Day**

If more than one application is being submitted or if you already have a contract and are submitting another application, could these be combined into one?

yes     no

If no, why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of hours per day support required: Minimum \_\_\_\_\_ Maximum \_\_\_\_\_

Number of days per week support required: \_\_\_\_\_

**Hourly base supply teacher rate paid \$ \_\_\_\_\_, excluding 4 % vacation pay.**

Date support required by: \_\_\_\_\_

**Application request summary: PD Days / School Holidays**

If more than one application is being submitted or if you already have a contract and are submitting another application, could these be combined into one?

yes     no

If no, why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School Board Affiliation     Public     Catholic

Number of hours per day support required: Minimum \_\_\_\_\_ Maximum \_\_\_\_\_

Number of PD days: \_\_\_\_\_

Number of days during Christmas: \_\_\_\_\_

Number of days during March Break: \_\_\_\_\_

**Total number of days:** \_\_\_\_\_

**Hourly base supply teacher rate paid \$ \_\_\_\_\_, excluding 4 % vacation pay.**

Date support required by: \_\_\_\_\_

**Consent and Declaration**

I, \_\_\_\_\_ on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, apply for Enhanced Staff Support Funding and declare that the enclosed information is accurate and complete to the best of my knowledge. I am authorized to submit this application on behalf of the legal entity (child care program) named in this registration. I authorize Children’s Inclusion Support Services to use the enclosed information to assess this request according to the Policy - Enhanced Staff Support Funding.

I agree to the Consent and Declaration above.

Please return to: Children’s Inclusion Support Services  
Attention: Ginette Bédard, Intake Coordinator  
600 - 700 Industrial Avenue  
Ottawa, Ontario K1G 0Y9  
613-736-8378 (fax)  
[intake-ciss@afchildrensservices.ca](mailto:intake-ciss@afchildrensservices.ca)

**For Office Use Only**

This request was reviewed by the Intake Coordinator on \_\_\_\_\_ .

This request was reviewed by the Resource Consultant on \_\_\_\_\_ .

Comments: