

Application - Enhanced Staff Support Funding – 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.

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 being submitted due to:

- Physical/Medical Needs Unsafe Challenging Behaviours

Name of Child(ren) _____

Date of Birth _____

Program/ Age Group:

- Infant Toddler Preschool Kindergarten School Age

- Summer/Educational Outings 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

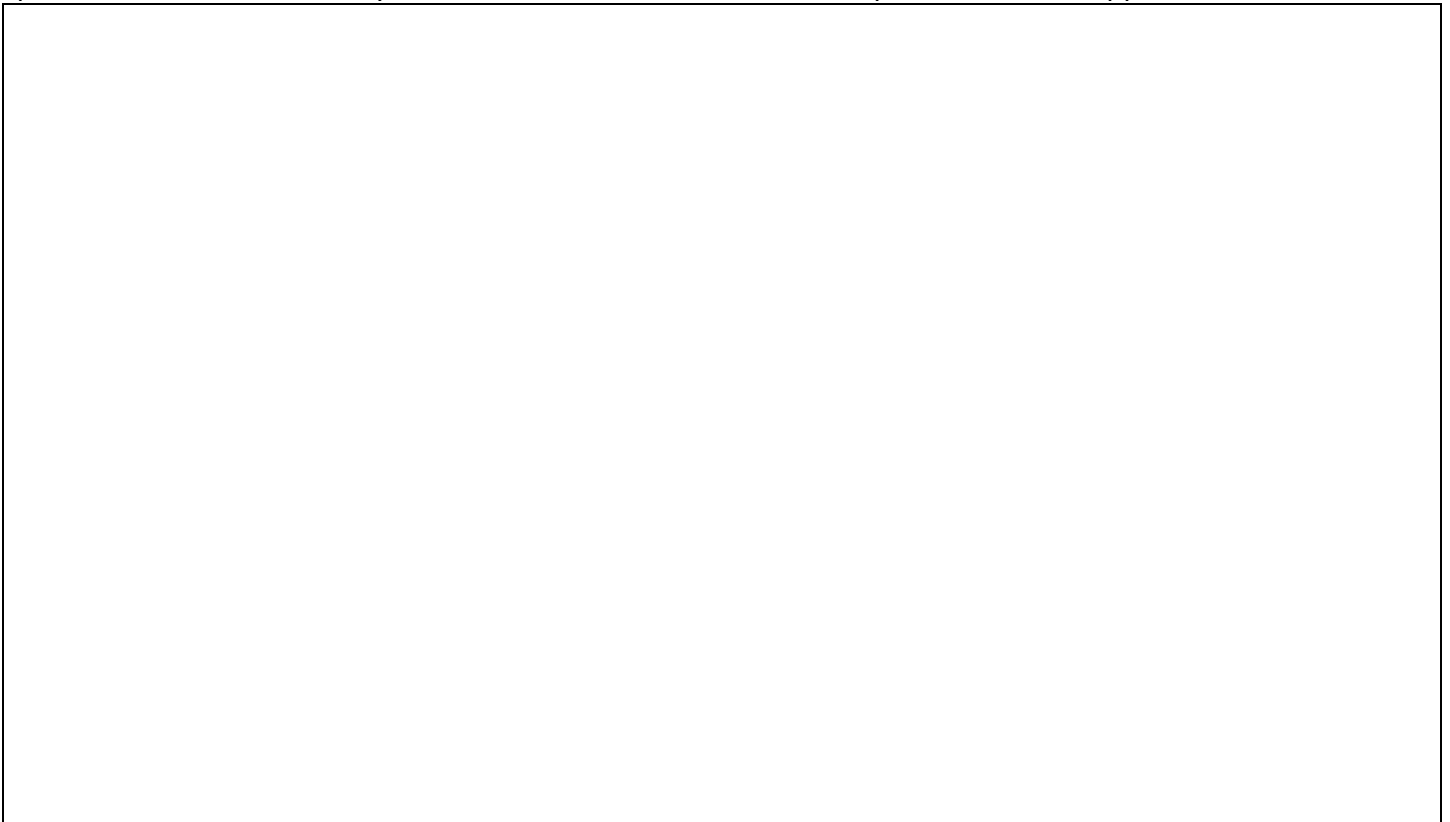
- Director Volunteers Students Parents/Guardians

Other _____

Based on observations, data collection, and/or conversations with parents/guardians, clearly describe the unsafe behaviours or physical/medical needs.



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 CISS Resource Library

Strategies that are currently being implemented are...

Application request summary

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

Yes No

If no, why: _____

Number of hours of support required **on a typical day**: Minimum _____ Maximum _____

Number of hours for full days (**PD days & school holidays**) Minimum _____ Maximum _____

Number of days per week support is required: _____

Current hourly base supply educator rate \$ _____, **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: Intake Coordinator
intake-ciss@afchildrensservices.ca