



# SPECIAL NEEDS APPLICATION CHILD CARE SUBSIDY

Provide details below, and attach additional documentation if necessary. This form may be completed by a physician, psychiatrist, social worker, child development specialist or other qualified professional that can speak to the need(s) of your child, and has the appropriate training and skills to make the recommendation. If the qualified professional is unable to complete the form, please ensure the information is obtained in a letter from the professional.

Child care subsidy applicant First name \_\_\_\_\_ Last name \_\_\_\_\_

Name(s) of child(ren) \_\_\_\_\_

The above-named applicant has applied for a child care subsidy for his/her child(ren) to attend a child care facility under one or more of the following special needs. Please check at least one applicable area and give an explanation of the special need. **The information provided will be used to access the need for child care. More than one area may apply. If necessary, you may attach additional documentation to this application.**

Child care is arranged or recommended by the department as part of a child protection service (*typically recommended by a social worker or Family and Children's Services*). For a maximum of 6 months of care.

Child care is required on the basis of an individual assessment of special needs of the family or the child (*typically recommended by a physician, nurse, social worker, support worker, child development specialist*). For a maximum of 6 months of care.

Explain \_\_\_\_\_  
\_\_\_\_\_

Child care is required for respite purposes (*typically recommended by a physician or social worker*). For a maximum of 3 months of care.

Explain \_\_\_\_\_  
\_\_\_\_\_

Child care is required to enhance the physical, social or cultural environment to aid in the development of the child. Explain how the child will benefit from being enrolled in child care. (*This must be accompanied with an Individual Program Plan (IPP). Most often filled out and recommended by a professional at the Child Development Centre*). For a maximum of 6 months of care.

Explain \_\_\_\_\_  
\_\_\_\_\_

Emergency child care services are required to meet a short-term family crisis (*typically recommended by a physician, support worker or social worker*). For a maximum of 1 month of care.

Explain \_\_\_\_\_  
\_\_\_\_\_

### TO BE FILLED OUT BY PROFESSIONAL COMPLETING THIS FORM.

Child care is recommended for \_\_\_\_\_ hours per day, \_\_\_\_\_ days per week.

Length of time \_\_\_\_\_ (maximum of 6 months, with the exception of respite, which cannot exceed 3 months; and an emergency, which cannot exceed one month).

Name of professional completing this form (please print) \_\_\_\_\_

**Declaration:** I hereby declare that to the best of my/our knowledge and belief the above information is true and I give permission to the Department of Health and Social Services to verify the above information in any way necessary.

Signature \_\_\_\_\_

Date (YYYY/MM/DD) \_\_\_\_\_

Title \_\_\_\_\_

Phone number \_\_\_\_\_

You may obtain a written statement of Health and Social Services information practices at [www.hss.gov.yk.ca/healthprivacy.php](http://www.hss.gov.yk.ca/healthprivacy.php) or by contacting the department's Privacy Officer at [healthprivacy@gov.yk.ca](mailto:healthprivacy@gov.yk.ca).

**Mailing address:**

Child Care Services, Health and Social Services (H-12)  
Government of Yukon  
Box 2703, Whitehorse, Yukon Y1A 2C6

**Physical address:**

Child Care Services  
9010 Quartz Road  
Whitehorse, Yukon

**Phone/Email:**

667-3492 or 1-800-661-0408 ext. 3492  
[childcare@gov.yk.ca](mailto:childcare@gov.yk.ca)