

**REFERRAL FOR CHILD CARE
CHILDREN WITH SPECIAL NEEDS**

Date: _____

To: _____ Agency: _____

From: _____ Agency: _____

I. Family Information

Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Telephone: () _____

Address: _____

_____ City _____ Zip Code _____

II. Program Eligibility

***Birth through age two* deemed eligible for the N.C. Infant Toddler Program based on criteria from the Division of Mental Health, Developmental Disability and Substance Abuse Services (DMH/DD/SAS):**

Briefly describe the special needs of the child: _____

Individualized Family Service Plan (IFSP) has been signed by:

_____ on _____
Area Mental Health, Developmental Disabilities, and Substance Abuse Representative Date

***Age three through five* deemed eligible for the Preschool Program by the local school system or *age five through seventeen* and eligible for the Exceptional Children's Program.**

Briefly describe the special needs of the child:

Individualized Education Program (IEP) has been prepared by:

_____ on _____
Local Education Agency Representative Date

A copy of the page outlining the service delivery plan is needed on each child if supplemental funds are anticipated.

White Original and Yellow Copy: Local DSS or LPA

**DCD-0093
1/99**

**INSTRUCTIONS FOR COMPLETION OF FORM 0093
REFERRAL FOR CHILD CARE
CHILDREN WITH SPECIAL NEEDS**

General:

The purpose of this form is to allow information to be exchanged between the agencies working with families of children who have special needs. The local purchasing agency such as the department of social services, the local school system or area mental health, development disabilities, and substance abuse services program may use this referral.

The completion of this form would result when a parent has indicated a need for child care **and other funds are not available to pay for that care.** The care may be in a specialized setting or in a regular child care setting where specialized services may or may not be supplemented. Child care payment codes indicating a child with special needs are found on the back of the Child Day-Care Voucher. *Please note the codes begin with a "4" rather than an "8."*

Regardless of whether supplemental funds are needed the codes for children with special needs should be used, which accurately reflect the family's need for care, for employment, training or other eligible needs.

Part I:

Complete this area with the child's name, date of birth, parent's name, address and telephone number.

Part II:

Complete the first section if the child's age is **birth through age two (2).** The area mental health, developmental disabilities, and substance abuse services agency is responsible for approving the child's eligibility for the North Carolina Infant Toddler Program and will complete and sign this section.

The second section of the form would be completed for children aged **three (3) through seventeen (17) years.** The local education agency will determine if the child is eligible for the Preschool Program or the Exceptional Children's Program in the local school system.

The agency completing the child's IFSP or IEP will provide a copy of the service delivery page if supplemental funds are anticipated.

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| <p>Note: The <u>white original</u> and <u>yellow copy</u> must be given to the local department of social services or local purchasing agency.</p> |
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