Therapeutic Referral for Child Care

Children's Services
City of London
Child Care Fee Subsidy Program
151 Dundas Street
P.O. 5045
London, ON N6A 4L6
Fax: 519.661.5821 or ChildCare@london.ca

Please complete fully and submit to the Child Care Fee Subsidy Program, City of London at Contact Information above

Custodial Parent / Guardian 1 Full Name	Custodial Parent/Guardian 2 Full Name (if applicable)	Family's Phone Number
DOB	DOB	Family's Address
Children's full Names (list only children requiring Subsidized Child Care)	Children's Birth Dates	
1		
2		
3		
Name of Referral Agency	Name of person providing referral	Contact Phone Number
Email Address of person providing referral:		

REASON FOR REFERRAL **(Please Check All That Apply)**

Child's Need ☐			Parental Need ☐		
	Suspected	**Diagnosed/Confirmed**		**Suspected**	**Diagnosed/Confirmed**
☐ Emergency At-Risk (physical, sexual emotional abuse, or neglect)	☐	☐	☐ Emergency-At-Risk (physical, sexual, emotional abuse or neglect)	☐	☐
☐ Attention Deficit Disorder	☐	☐			
☐ Autism	☐	☐			
☐ Behavioural Issues	☐	☐	☐ Cognitive		
☐ Cerebral Palsy	☐	☐	☐ Mental Health	☐	☐
☐ Cystic Fibrosis	☐	☐	☐ Family Crisis	☐	☐
☐ Down's Syndrome	☐	☐	☐ Physical	☐	☐
☐ Global Developmental Delay	☐	☐		☐	☐
☐ Hearing Impaired	☐	☐			
☐ Obsessive Compulsive Disorder	☐	☐			
☐ Optimal Growth & Development	☐	☐			
☐ Parental Need	☐	☐			
☐ Pervasive Development Disorder	☐	☐			
☐ Sight Impaired	☐	☐			
☐ Social/Emotional	☐	☐			
☐ Socialization Required	☐	☐			
☐ Speech and Language	☐	☐			

NOTES: Provide any additional notes that would help us assess the need for care (i.e. Severity, temporary or on-going condition/situation).

What is the maximum amount of Child Care per week that you recommend? **PLEASE NOTE:** The actual schedule of care must be determined in consultation between the family, the Child Care Provider, and the Child Care Fee Subsidy Program.
NOTE: Children's Services will provide a maximum of 3 days/week for children requiring care for socialization, speech & language, social/emotional & optimum growth & development. Number of days per week required: _____

Start Date:		End Date (if known):	

Family Support Plan (How will your Agency continue to support the child / family during the period of the referral?)

☐ I have referred the family to other Professional Services	☐ Family is involved with other Professional Services

☐ Other Professional Services referred/Involved	

Has the "Authorization to Obtain and Release Information" form been completed? Please submit along with this referral.

Signature of Person Providing Referral		Date	
Parent / Guardian 1 Signature		Date	
Parent / Guardian 2 Signature (if applicable)		Date	

By signing this form, the Parent / Guardian(s) consent to the release of this information to the City of London Child Care Fee Subsidy Office for the sole purpose of assessing initial and ongoing eligibility for Child Care Subsidy.

Notice of Collection of Personal information: The Personal Information collected on this form is collected under the authority of the Day Nurseries Act and will be used to determine eligibility for Child Care Subsidy. Questions about this collection of personal information may be directed to Children's Services as noted above.