

DEPARTMENT OF EARLY EDUCATION AND CARE

Verification of Special Need for Children and Families

The Department of Early Education and Care (EEC) provides financial assistance for eligible families to enroll in an early education and care program. Eligible families must meet income requirements and be participating in an approved activity such as work, school, or training. Families may be exempt from the activity requirement if a parent or child has a documented physical, health, emotional, and/or mental disability or special need. The purpose of this form is to document the disability/special need and to demonstrate how, based on the nature of the disability/special need, the child would benefit from participation in an early education and care program. Please complete and sign one form for each child/family with special needs.

SECTION I: SPECIAL NEEDS VERIFICATION (to be completed by the professional)

(Parent/Guardian must complete and sign Section II before any medical release information is provided)

1) Professional role (*check one – only professionals in roles listed below may complete this verification form*):

- Physician Psychiatrist Psychologist Nurse Practitioner Psychiatric Nurse
- Certified Physician's Assistant Licensed Independent Clinical Social Worker (LICSW)
- Early Intervention Program Director (child must have a current IFSP)
- Special Education Staff Person (child must have a current IEP or 504 plan)

2) Diagnosed individual: _____

Provide information about only the individual named in the medical records release above.

3) I see this individual daily weekly monthly other (specify frequency)_____

4) This individual is a:

- CHILD** WITH SPECIAL NEED(S)/DISABILITY (*answer question 5a, skip question 5b*)
- PARENT/GUARDIAN** WITH SPECIAL NEED(S)/DISABILITY (*skip question 5a, answer question*

5b)

The parent/guardian's special need may include caring full time for a child with a special need, thus necessitating care for one of their other children.

5a) Nature of **CHILD'S** special need(s)/disability (*check all that apply*): Autism Emotional Impairment Developmental Delay Physical Impairment Cognitive Impairment Specific Learning Disability Sensory Impairment Health Impairment Communication Impairment Neurological Impairment

Financial Assistance Policy Guide Appendix C: Verification of Special Needs Form **and** based on the nature of the child's disability, how will the child benefit from enrollment in an early education and care program (*check all that apply*)?

Increased socialization Specialized instruction Age appropriate activities Other

5b) Nature of **PARENT'S/GUARDIAN'S** special need(s)/disability (*check all that apply*):

Parental depression Substance abuse Terminal illness Mental illness
 Chronic illness Disability
 Other child in family with a special need/disability requires full time care by parent during the day

and how does the parent's/guardian's special needs impact his or her ability to care for the child needing access to a early education and care program? Parent is in treatment during the day Due to special need/disability parent is not able to care for child during the day Other child's special need/disability requires full time care by parent during the day Other

6) a. What amount of time (in hours/day) of early education and care do you recommend for the child? Part day (<6 hours/day) Full day (6 hours/day or more) Other:

_____hours/day

b. What amount of time (in days/week) of early education and care do you recommend for the child? Five days/week Other: _____ days/week

7) What is the expected duration of the disability/special needs?

In the case of a parent with a child with a special need/disability requiring full time care by the parent during the day, please indicate the duration of the parent's need to care for this child during the day.

Less than 6 months Permanent 6 months to 1 year Unknown Longer than one year, not permanent

8) Required documentation attached to this verification form: For a parent with a special need, only 8a. is required.

In the case where care is requested because the “other child has a special need/ disability” and the parent is caring for this child, verification of this child’s special need/ disability must be documented as described in 8b and the child needing access to an early education and care program must be documented as outlined in 8a..

For a child with a special need, 8a. **or** 8b. are required.

1.a. A letter on official letterhead of the professional completing this form providing specific information about the special needs (child and/ or parent) that establishes the relationship between the nature of the special needs, the amount of time recommended in child care, and how the child will benefit from being enrolled in an early education and care program.

2.b. A current Individualized Education Programs (IEP) A current Individualized Family Service Plan

(IFSP) A current Section 504 plan
Financial Assistance Policy Guide

Appendix C: Verification of Special
Needs Form

_____ (adhere mailing label here) _____

b) Return one copy of this verification form and required documentation (as indicated in #8) to parent/guardian.

Signature of professional: _____

Date: _____

Please print

Name: _____

Title: _____

Address: _____

Phone: _____

SECTION II: MEDICAL RECORDS RELEASE (to be completed by the parent/guardian)

I am requesting financial assistance for child care based on my (*circle one*) child's / family's special need(s). I authorize the professional listed in Section I to release the information requested on this form for this following individual: _____, and I also authorize the professional to share medical records or other information about the disability and/or special needs listed in Section I with the Child Care Resource and Referral agency (CCR&R), Community Partnerships for Children Program (CPC), child care provider, and/or Department of Early Education and Care (EEC) in order to determine eligibility for financial assistance for child care. I further authorize the CCR&R, CPC, child care provider and/or EEC to contact the professional listed in Section I to verify the information provided on this form and to discuss his/her diagnosis of a disability and/or special needs **as it applies to the need for early education and care services.**

This form authorizes the professional to release *most* medical or health information with the following exceptions. The professional listed in Section I cannot disclose certain medical or health information unless such disclosure is authorized. Please check the box next to the each item below if you specifically authorize the professional listed in Section I to share the information described therein.

- I authorize the professional listed in Section I to share information about AIDS/HIV status.
- I authorize the professional listed in Section I to share information about drug or alcohol use.
- I authorize the professional listed in Section I to share information about psychological/psychiatric disorders.

I understand that this medical records release is valid for one year from the date signed below, unless I have cancelled the release in writing prior to its expiration.

Financial Assistance Policy Guide Appendix C: Verification of Special Needs Form

I understand that I may cancel this medical records release at any time by sending a letter to the professional listed in Section I.

I also understand that, even if I cancel this release, the professional listed in Section I cannot take back any information that he/she has shared with the CCR&R, CPC, child care provider, and/or EEC when he/she had the authorization to do so.

Furthermore, I understand that my decision to authorize the professional listed in Section I to share medical information with the CCR&R, CPC, child care provider, and/or EEC is voluntary. However, I understand that if I do not authorize the professional listed in Section I to share medical information with the CCR&R, CPC, child care provider, and/or EEC, the CCR&R, CPC, child care provider, and/or EEC will not be able to make a determination regarding a disability or special needs, and the decision about eligibility for financial assistance for child care will be made without consideration of the disability or special needs claimed.

Parent's/Guardian's Signature: _____

Date: _____

(Please Print Below)

Parent's/Guardian's Name: _____

Child's Name & Age: _____

Address: _____

Phone: _____