



Therapeutic Referral for Child Care

Children's Services
City of London
Child Care Fee Subsidy Program
355 Wellington Street, Suite 248
P.O. 5045
London, ON N6A 4L6
Fax: 519.661.5821 or Childcare@london.ca

Children's Services of the City of London provides Child Care Fee Subsidy for families living in the City of London, where the children require Child Care while the parent(s) are working, in school, or have received a Therapeutic Referral from a Social Services Source or Health Professional.

General Information

A Therapeutic Referral for Child Care is appropriate for a family experiencing a significant crisis or challenge. The Referral Source believes that the child's participation in a licensed Child Care Program would alleviate the crisis and / or significantly reduce stress on the family. Therapeutic Referrals may only be made by a Social Service source or Health Professional who is working with the family on an ongoing basis.

Examples of a significant crisis: serious problems affecting the family (addictions, abuse, lack of stable housing, issues involving other siblings or mental health issues) which are negatively impacting on the ability of the parent(s) to care full-time for the child(ren).

A Therapeutic Referral is also appropriate for a child who is waiting for, or receiving specialized intervention for suspected or diagnosed special needs, and for whom participation in a licensed Child Care Program would enhance the therapeutic interventions being provided (or planned).

Children may require Child Care Fee subsidy for optimal growth and development, social/emotional, socialization or speech and language. In these cases, care may be provided to a maximum of 3 days per week.

If Children's Services has a waitlist for Fee Subsidy, only referrals marked as Emergency-At-Risk, or Family Crisis will be placed immediately if their situation meets our criteria of children being in harms way.

General Referral Guidelines

1. Families **must** first complete the Fee Subsidy Application and submit all the required documents. Fee Subsidy eligibility is determined by an income test and having a recognized need such as work, school or a Therapeutic Referral.
2. **A Therapeutic Referral Form must be completed and submitted by a Referral Source who will be working directly with the family for the duration of the referral.**
3. Subsidized Child Care is only available in licensed Child Care Programs (centre based or licensed home) for children up to 12 years. Approval for day camp may be provided for children 5 to 12 years of age in approved camp programs.
4. **a.** Therapeutic Referral Child Care is available for a period of up to six months and only while the Referring Source is working with the child / family. The Referral Source must advise Children's Services if Child Care is no longer required or if they are no longer working with the family. If Child Care is still required after six months, the Referring Source must submit a new Therapeutic Referral Form.
b. If you or your child is diagnosed with a documented special need, you may not be required to submit further therapeutic referrals. Our office will determine if additional documentation is required.
5. Families using Therapeutic Referral Child Care must follow all Children's Services policies and procedures, which include reporting changes in the family situation to Children's Services as well as attendance.
6. All sections MUST be completed to prevent delays in the referral process



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To be completed by the referring professional

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

Information					
Parent Information:			Date:		
Custodial Parent/Guardian 1 Full Name			Custodial Parent/Guardian 1 Date of Birth		
Custodial Parent/Guardian 2 Full Name (if applicable)			Custodial Parent/Guardian 2 Date of Birth (if applicable)		
Child Information: (List only children requiring Subsidized Child Care)					
Child 1 Full Name			Child 1 Date of Birth		
Child 2 Full Name			Child 2 Date of Birth		
Child 3 Full Name			Child 3 Date of Birth		
Family Information:					
Street Address					
City		Province	Postal Code		Phone Number
Referral Information:					
Name of Referral Agency			Name of Person Providing Referral		
Contact Phone Number			Email Address		
Reason for Referral (Please check ALL that apply)					
Child's Need –If multiple children, please indicate which diagnosis applies to each child					
Reason	Suspected	Diagnosed/Confirmed	Reason	Suspected	Diagnosed/Confirmed
<i>Emergency-At-Risk (physical, sexual, emotional abuse or neglect) *</i>	<input type="checkbox"/>	<input type="checkbox"/>	Attention Deficit Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Autism	<input type="checkbox"/>	<input type="checkbox"/>	Behavioural Issues	<input type="checkbox"/>	<input type="checkbox"/>
Cerebral Palsy	<input type="checkbox"/>	<input type="checkbox"/>	Cystic Fibrosis	<input type="checkbox"/>	<input type="checkbox"/>
Down's Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	Global Development Delay	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Impaired	<input type="checkbox"/>	<input type="checkbox"/>	Obsessive Compulsive Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Optimal Growth & Development	<input type="checkbox"/>	<input type="checkbox"/>	Parental Need	<input type="checkbox"/>	<input type="checkbox"/>
Pervasive Development Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Sight Impaired	<input type="checkbox"/>	<input type="checkbox"/>
Social/Emotional	<input type="checkbox"/>	<input type="checkbox"/>	Socialization Required	<input type="checkbox"/>	<input type="checkbox"/>
Speech and Language	<input type="checkbox"/>	<input type="checkbox"/>	<i>Other *</i>	<input type="checkbox"/>	<input type="checkbox"/>
Parental Need					
Reason	Suspected	Diagnosed/Confirmed	Reason	Suspected	Diagnosed/Confirmed
<i>Emergency-At-Risk (physical, sexual, emotional abuse or neglect) *</i>	<input type="checkbox"/>	<input type="checkbox"/>	Cognitive	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<i>Family Crisis *</i>	<input type="checkbox"/>	<input type="checkbox"/>
Physical	<input type="checkbox"/>	<input type="checkbox"/>	<i>Other *</i>	<input type="checkbox"/>	<input type="checkbox"/>
*If marked Emergency-At-Risk or Family Crisis or Other provide additional information that would help us assess the need for care (i.e. severity, temporary or on-going) in the space provided on the next page.					

Please use this section for any additional notes.

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 requested:	Start Date	End Date (if known)
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Family Support Plan (How will your Agency continue to support the child / family during the period of the referral?)

Professional Services

- 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.

Office Use Only

- Immediate Placement
- Ongoing Placement
- Wait List Placement

Days/Model of Care Approved: _____

OCCMS note entered by Manager

Manager's Signature: _____ Date: _____

Notice of Collection of Personal information: The Personal Information collected on this form is collected under the authority of the Child Care and Early Years 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.



Authorization to Obtain and Release Information Regarding Therapeutic Referrals

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Child Care Fee Subsidy Program
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London, ON N6A 4L6
Fax: 519.661.5821 or Childcare@london.ca

I/We, _____ of,
Full name of Parent(s) / Legal Guardian(s) (Please Print)

(Street) (City) (Postal Code)

Being the Parent and / or Legal Guardian of _____
(Child's full name)

(Child's Date of Birth)

I/We do hereby authorize Children's Services Child Care Fee Subsidy Program to obtain and release all child and family information as it relates to the assessment and verification of Eligibility and Placement for Child Care on the above named child to /from:

<input type="checkbox"/> All Kids Belong	<input type="checkbox"/> Merrymount Children's Centre
<input type="checkbox"/> Canadian National Institution for the Blind (CNIB)	<input type="checkbox"/> Physicians / Family Health Team
<input type="checkbox"/> Child and Parent Resource Institute (CPRI)	<input type="checkbox"/> Thames Valley Children's Centre
<input type="checkbox"/> Children's Aid Society	<input type="checkbox"/> Thames Valley District School Board
<input type="checkbox"/> Community Living London	<input type="checkbox"/> Tyke Talk
<input type="checkbox"/> London District Catholic School Board	<input type="checkbox"/> Women's Shelters
<input type="checkbox"/> London Middlesex Health Unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Madame Vanier Children's Services	

It is acknowledged that the exchange of such information shall not be regarded as a breach of confidentiality and it is understood that the child and family information shared will be used to serve my child's needs (Health Care and Education needs).

This authorization may be terminated at any time by the undersigned by submitting a **written request** to Manager, Children's Services Child Care Fee Subsidy Program, 355 Wellington St. Suite 248, London ON N6A 3N7, 519-661-CITY (2489) ext. 4794. This release is effective for twelve months commencing the date it was signed and witnessed. An updated signed consent form is required upon annual review.

Signature of Parent(s) / Legal Guardian(s)

Parent(s) / Legal Guardian(s) Phone Number

Signature of Referring Source

Name & Referring Source Phone Number

Date of Release: _____
(day/month/year)

Expiry Date of Authorization: _____
(day/month/year)

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