



Therapeutic Referral for Child Care – General Information

City of London

Child Care Fee Subsidy Program

355 Wellington Street, Suite 248

London ON N6A 4L6 Fax: 519.661.5821 or Childcare@london.ca

Child Care and Early Years 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) / guardian(s) are working, in school, or have received a Therapeutic Referral from a Referral Source: Social Services Source or Health Professional. Child Care Fee Subsidy is intended to support a parent / guardian's ability to work or attend school and is a limited tax-based resource.

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.

A significant crisis could include serious problems affecting the family such as addictions, abuse, lack of stable housing, or issues involving other siblings or mental health issues, which are negatively impacting the ability of the parent(s) / guardian(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 for optimal growth and development, social/emotional, socialization or speech and language.

If there is a waitlist for Fee Subsidy, only referrals marked as Emergency-At-Risk, or Family Crisis and / or if their situation meets our criteria for children being in harm's way will be placed immediately.

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 school-aged children (4 to 12 years of age) in approved camp programs.
4. **a.** Therapeutic Referral for child care is available for a period of up to twelve months and only while the Referring Source is working with the child / family. The Referral Source must advise Child Care Fee Subsidy Office if child care is no longer required or if they are no longer working with the family.
b. Referrals for school-aged children should only be made when there are extenuating circumstances and it is believed that the child will be at risk without before / after school child care.
5. Families participating in Therapeutic Referral for Child Care must follow all Child Care and Early Years policies and procedures, which include reporting changes in the family situation to Child Care Fee Subsidy Office, as well as attendance.
6. All sections **MUST** be completed to prevent delays in the referral process.



Therapeutic Referral for Child Care

City of London

Child Care Fee Subsidy Program

355 Wellington Street, Suite 248

London ON N6A 4L6 Fax: 519.661.5821 or Childcare@london.ca

Page 2 of 4

Please complete fully and submit this form to the Child Care Fee Subsidy Office, City of London by fax to 519.661.5821 or through the [online portal](#)

Part A to be completed by the individuals requiring child care (or a representative)

Part A – Section 1: Information about the Family

Street Address

City

Province

Postal Code

Phone Number

Part A – Section 2: Information about the Parent(s) / Guardian(s)

Custodial Parent / Guardian 1 Full Name:

Custodial Parent / Guardian 2 Full Name:

Date of Birth (yyyy/mm/dd)

Date of Birth (yyyy/mm/dd)

Part A – Section 3: Information about the Child(ren)

(List only the 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

Part A – Section 4: Authorization

By signing this form, the Parent(s) / 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 Fee Subsidy.

Custodial Parent / Guardian 1 Signature:

Date

Custodial Parent / Guardian 2 Signature:

Date

Part B – Section 1: Information about Referral Source

As a qualified professional, I certify that to the best of my knowledge the information given in this form is correct and complete and I understand that this information will be used by the City of London to determine if my patient or client qualifies for services.

SIGN HERE

Print Name

Agency

Address

Date

Phone

Fax

PLEASE PROVIDE DOCTORS STAMP (if applicable)

Part B – Section 2: Reason(s) for Referral – Parent(s)/Guardian(s)

Please check ALL that apply:

- ☐ Cognitive ☐ Physical
☐ Mental Health ☐ Other Condition(s) or Treatment(s)*

Please provide a brief explanation of why the applicant(s) health concerns limit caring for their child(ren):

Part B – Section 3: Reason(s) for Referral – Child(ren)

Please check ALL that apply:

- ☐ Expressive or ☐ Receptive Speech/Language Delays
☐ Communication Concerns ☐ Developmental Delays
☐ Mental Health ☐ Emotional/Social
☐ Special Needs Diagnosis ☐ Physical & Motor Development
☐ Other Condition(s) or Treatment(s)*

Please provide a brief explanation of why child care would benefit the child(ren), in relation to their challenges:

Part B – Section 4: Reason(s) for Referral – Family Crisis / Emergency-at-Risk

Please check ALL that apply:

- ☐ Family Crisis*
☐ Emergency-At-Risk (physical, sexual, emotional abuse or neglect) *

Please provide a brief explanation of why child care would benefit the child(ren), in relation to the family's challenges:

*** If marked, please provide additional information that would help us assess the need for child care (e.g., severity, duration) in the space provided below:**

Part B – Section 5: How Long Condition(s) and/or Treatment is expected to last

| | | |
|--|------------------------------------|------------------------------|
| <input type="checkbox"/> Permanent / Ongoing | <input type="checkbox"/> Temporary | Expected length of Condition |
|--|------------------------------------|------------------------------|

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

Part B – Section 6: Additional Comments/Concerns

The personal information collected on this form is collected under the authority section 9 of O. Reg. 138/15 of the Child Care and Early Years Act, 2014, and will be used to determine and verify initial and ongoing eligibility for Child Care Fee Subsidy and administer the delivery of Child Care Fee Subsidy and the Early Years Community Plan by the City of London, Child Care and Early Years. By using this online portal, you are consenting to receive electronic communications from the City of London for the purposes related to this program. Questions about the collection of this personal information can be directed to Manager, Child Care and Early Years, P.O. Box 5045, 355 Wellington St., Suite 248, London, ON N6A 4L6. Tel: 519-661-4834, Email: childcare@london.ca

Has the “Authorization to Obtain and Release Information” form been completed? Please submit with this referral (see page 4).



Authorization to Obtain and Release Information Regarding Therapeutic Referrals

Child Care Fee Subsidy 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

Page 4 of 4
of

I/We, _____
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 Child Care and Early Years 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, Child Care and Early Years Child Care Fee Subsidy Program, 355 Wellington St. Suite 248, London ON N6A 4L6, 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 Referring Source Name & Phone Number

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