

# Special Accommodations Grant Application

## Child Information

Please review the Request for Applications (RFA) on how to complete and submit the Special Accommodations Grant (SAG) Application. If you have questions, please refer to the State Contact listed on the RFA.

Today's Date ( <i>mm,dd,yyyy</i> ):	
Child Care Program Name:	License #:

### SECTION 1: Contact Information

Child's First Name:		Child's Last Name:	
Child's Date of Birth ( <i>mm,dd,yyyy</i> ):		Child's Age ( <i>years, months</i> ):	
Child's Primary Physical Address:			
Town/City:	State:	Zip Code:	
Parent/Legal Guardian's First Name:		Parent/Legal Guardian's Last Name:	
Phone #:	Email Address:		
Parent/Legal Guardian's Mailing Address:			
Town/City:	State:	Zip Code:	
Does this child/family have an open case with the Family Services Division (FSD)? If yes, complete the information below.			
FSD Caseworker's First Name:		FSD Caseworker's First Name:	
FSD Caseworker's Email Address:			

### SECTION 2: Child Care Attendance & Assistance

Date the child began attending your program ( <i>mm, dd, yyyy</i> ):
Provide the hours per day the child attends your program. Do not include pre-k hours. Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___

Is the child care program receiving Universal Prekindergarten (UPK) tuition for this child?

If yes, provide the hours per day the child attends your public pre-k program. Do not include non-pre-k hours.

Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri \_\_\_

Does the child currently receive Child Care Financial Assistance (subsidy)?

If yes, what is the current service need?

### SECTION 3: Child's Health & Support Information

Does the child/family have insurance?

Does the child have a current diagnosed medical and/or mental health condition?

If yes, please specify the child's diagnosis:

Has the child been required to leave a child care setting in the past due to challenges related to the above diagnosis and/or condition? If yes, please explain.

Has this child's diagnosed condition and/or behavior impacted the child's placement stability within the child care setting? If yes, please explain.

Is the child's current placement within your program in jeopardy? If yes, please explain.

What strategies does your child care program currently have in place to address the child's safety and behavior; and or health concerns, such as a visual schedule, environmental changes, or professional development routines? Include how these strategies have been working so far in supporting the child within your program.

## SECTION 4: Child's Support Team

Complete the table below, if your child care program is accessing additional funding to support this child within the program.

Program	Name of Service Provider working with the child.	What is the frequency ( <i>ex. weekly, bi-weekly, monthly</i> ) of this service in the child care program or child's home?	Describe the source of funding ( <i>ex. grant from CDD, Medicaid</i> ) for this program or service.
Children's Integrated Services			
Early Childhood Special Education			
School-Age Special Education			
Mental Health Services/Counseling			
Head Start			
Children's Personal Care Services			
DCF – FSD			
Speech and Language Pathologist			
Occupational Therapists			
Transportation Providers			
Deaf and Hard of Hearing Specialists			
Home Health			
Autism Consult			
Other:			
Other:			
Other:			

## SECTION 5: Reason for Funding Request

How does the child's current plan (OnePlan, IEP, treatment plan) show a need for the proposed accommodations; to successfully include the child in the child care program setting?

## SECTION 6: Certification & Signature

By signing this application, you certify that the information provided is true and accurate and that the child's team was involved with the completion of this application.

Child Care Program Owner/Director Signature:

Date: