

**Department for Children and Families**  
**Child Development Division**  
NOB 1 North, 280 State Drive  
Waterbury, VT 05671-1040  
<http://dcf.vermont.gov/cdd>

*Agency of Human Services*

[toll free] 800-649-2642  
[fax] 802-241-0846

## Special Accommodations Grant Service/Health Provider Information

Dear Service/Health Provider:

You are receiving this letter because a licensed child care program is seeking to apply for Special Accommodations Grant funds through the Department For Children and Families (DCF), Child Development Division (CDD). The information you provide in the subsequent form will be used to verify that this child care program is caring for a child currently being supported by you or your agency and you will assist the child care program in meeting requirements of the grant application.

The Special Accommodations Grant funding is designed to assist Vermont licensed child care programs in creating a safe and inclusive environment by supporting children with disabilities or developmental delays in learning, growing, and playing alongside their peers.

Before making this request a consent form was signed by the child's parent/legal guardian. A copy of that form has been provided with this request.

If you have questions, please reach out to the child care program making this request.



# Special Accommodations Grant Application Service/Health Provider Letter of Support

## SECTION 1: Contact Information

Service Provider First Name:		Service Provider Last Name:	
Phone #:	Email Address:		
Organization Name (if applicable):			
Mailing Address:			
Town/City:	State:		Zip Code:

## SECTION 2: Support or Services Provided

Child Care Program:	
Child's First Name:	Child's Last Name:
Please tell us about the services/support you provide to the child named above.	
Have you provided support, services, or information to the child's child care provider? If yes, please explain.	
Please list any recommendations you have for the child named above in their child care setting such as additional staffing, equipment, training, etc.	

## SECTION 3: Certification & Signature

By signing this application, you certify that the information provided is true and accurate.

Service Provider's Signature:	Date:
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