



Enhanced Funding Group Application

Is this the first time you have applied for Enhanced Funding for the children in this group application?

Yes (New Application) No (Re-Application)

To be eligible for funding, all parents/guardians of children with exceptional special needs on this application must require child care to support their employment and/or educational needs.

Section A – Child Care Setting Information

Program/Setting Name _____

Address _____

City/Town _____ Postal Code _____

Mailing Address:
(if different from above) _____

City/Town _____ Postal Code _____

Email _____ Phone _____ Fax _____

Supervisor/Contact Person: _____

Supporting Agency Contact Person: _____
(i.e. Early Intervention Services, Children's Mental Health)

Resource Teacher
On-Site: Yes No Program Type: Centre-Based Home-Based

Section B – Group Application Information

Age group/classroom that children are enrolled in: Infant Toddler Preschool
 Kindergarten School Age

Total number of children in age group/classroom: _____ Number of staff assigned to group: _____

List the children with identified needs below:

Child's Name (first name, last initial)	Date of Birth (day/month/year)	Confirmed Diagnosis, if known (be specific)	Indicate if Safety, Health or Mobility Issue

Indicate Each Child's Attendance Schedule at Child Care

Child's Name (first name, last initial)	Monday (times)	Tuesday (times)	Wednesday (times)	Thursday (times)	Friday (times)	Alt. Friday (times)
Example: Johnny S.	8-9 a.m. 3-5 p.m.	9 a.m. - 5 p.m.	8-9 a.m. 3-5 p.m.	9 a.m.- 5 p.m.	8-9 a.m. 3-5 p.m.	9 a.m.- 5 p.m.

Section C – Plan/Strategies for Safety

Document the strategies to be used and the training plan to address the special needs related to **safety** issues.

CHILD'S NAME (first name, last initial)	WHAT IS THE ISSUE/NEED? (specify behaviour that results in a safety issue)	WHAT STRATEGIES ARE YOU CURRENTLY USING? (be specific)	WHAT IS THE PLAN OF ACTION? (be specific)	DURING WHAT SPECIFIC TIMES OR ROUTINES IS SUPPORT REQUIRED?
Examples: - Johnny S. - Susie J.	Examples: -bites other children/staff -runs out of classroom & playground	Examples: -redirection -provide sensory integration/fidget kit -close doors and gates -visual supports (STOP signs)	Examples: -Autism training for staff -rotate staff in room for 1 to 1 support during transitions	Examples: -free play time 9 to 10 a.m. -play time -outdoor time

Section C – Plan/Strategies for Mobility

Document the strategies to be used and the training plan to address the special needs related to **mobility** issues.

CHILD'S NAME (first name, last initial)	WHAT IS THE SPECIAL NEED? (that results in a mobility issue)	WHAT STRATEGIES ARE YOU CURRENTLY USING? (be specific)	WHAT IS THE PLAN OF ACTION? (be specific)	DURING WHAT SPECIFIC TIMES OR ROUTINES IS SUPPORT REQUIRED?
Examples: -Tommy J. -Suzy W.	Examples: -child is immobile; other children walk over child -child has visual impairment; a lot of stairs in program	Examples: -child is positioned in a safe area of the room -closely monitored -child's hand is held when using the stairs	Examples: -research strategies, assisted devices, etc. that will support the child with table tasks and floor activities -rotate staff to implement and practice stair climbing exercise	Examples: -free play time -transitions

Section C – Plan/Strategies for Health

Document the strategies to be used and the training plan to address the special needs related to **health** issues.

CHILD'S NAME (first name, last initial)	WHAT IS THE SPECIAL NEED? (that results in a health issue)	WHAT STRATEGIES ARE YOU CURRENTLY USING? (be specific)	WHAT IS THE PLAN OF ACTION? (be specific)	WHAT SPECIFIC TIMES, ROUTINES OR SUPPORT ARE REQUIRED?
Examples: -Billy T. -Jenny B.	Examples: -choking at mealtimes -child has seizures	Examples: -child sits beside teacher -encouraged to take small bites of food -monitor and observe; implement seizure management techniques	Examples: -encouraged to eat a little bit at a time -OT consultation -First Aid training for Enhanced Funding Worker/all staff	Examples: -meal and snack times -ongoing

Section D – Community Supports

1. Document all support services currently involved with the children.

Child's Name <small>(first name, last initial)</small>	Agency Name	Contact Person	Phone Number	Dates of Involvement

2. List past and future training opportunities for staff to support inclusive practices.

Type of Training	Date of Training	Number of Staff Involved

3. Existing supports and resources MUST already have been investigated prior to applying for funds. List all of your contacts/attempts.

Agency Name	Contact Person	Phone Number	Dates of Contact

Section E – Enhanced Funding Request

Please check applicable funding period: January to June July to December

Funding Start Date: _____ Funding End Date: _____

Total # of days for funding period (add # of days from start to end dates): _____

Total hours required per day: Mon Tues Wed Thurs Fri Alt. Fri

Is extra support required on PA days/school breaks? Yes Number of Hours: _____ No

