

To the referring agency - please fully complete and submit form to the Child Care Fee Subsidy program at:
 fax: 519-941-0271 **or** email: chidcarefeesubsidy@dufferincounty.ca **or** by mail: 30 Centre Street, Orangeville, ON L9W 2X1

Parent Information:					
Parent/Guardian 1 Name			Parent/Guardian 2 Name		
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			Telephone Number		
Reason for Referral:					
Child's Need (check all that apply)			Parental Need (check all that apply)		
Reason	Suspected	Diagnosed/ Confirmed	Reason	Suspected	Diagnosed/ Confirmed
At-Risk (Abuse or Neglect)			Mental Health		
Autism Spectrum			Family Crisis		
Developmental Delay (please describe in notes)			Physical Disability(requires assistance in caring for child)		
Socialization Required			Other (please describe in notes)		
Speech & Language					
Other (please describe in notes)					
Notes about Reason for Referral					

Number of Days Per Week Recommended

Requested Start Date

End Date (if known)

Support Plan
How will this referral support this family in their work with your agency?

Name of Referring Agency

Contact Person

Telephone Number

E-mail address

Have the parent(s) indicated in this document completed an consent to share information form with your agency?

Yes

No

Have the parent(s) indicated been provided with a Child Care Fee Subsidy Waitlist Placement Form?

Yes

No

Signature of Person Completing Referral

Date

To the referring agency - please fully complete and submit form to the Child Care Fee Subsidy program at: fax: 519-941-0271 **or** email: childcarefeesubsidy@dufferincounty.ca **or** mail: 30 Centre Street, Orangeville, ON L9W 2X1

Office Use Only:

Date:

Received Currently in

Yes

No

OCCMS?