

**REFERRAL FOR CHILD CARE
CHILDREN WITH SPECIAL NEEDS**

Date: _____

To: _____ Agency: _____

From: _____ Agency: _____

I. Family Information

Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Telephone:() _____

Address: _____

City

State

Zip Code

II. Program Eligibility

***Birth to age three* deemed eligible for the N.C. Infant-Toddler Program based on criteria from the Children's Developmental Services Agency (CDSA) or other referring agencies:**

Briefly describe the special needs of the child: _____

Individualized Family Services Plan (IFSP) has been signed by:

Representative of CDSA

Date

***Ages three through five* deemed eligible for the Preschool Program by the local school system or *age five through seventeen* and eligible for the Exceptional Children's Program.**

Briefly describe the special needs of the child: _____

Individualized Educational Plan (IEP) has been signed by:

Representative of LEA

Date

***Ages birth through five* deemed eligible for community-based at-risk preschool services by the local public health department.**

Briefly describe the special needs of the child: _____

Personal Care Plan (PCP) has been signed by:

Representative of PHD

Date

NOTE: Children with special needs ages birth to five whose parents have declined participation in the NC Infant-Toddler Program, or the Department of Public Instruction's Preschool Program are eligible to receive targeted case management services in the local public health department's Child Service Coordination Program.

A copy of the *Referral for Children with Special Needs* outlining the service delivery plan is needed for each child if supplemental funds are anticipated.

INSTRUCTIONS FOR COMPLETION OF FORM DCDEE-0093 REFERRAL FOR CHILD CARE CHILDREN WITH SPECIAL NEEDS

General:

The purpose of this form is to allow the local education agency (LEA), the local management entity (LME), the Children's Developmental Services Agency (CDSA), or the Child Service Coordination Program (CSCP) to provide necessary information to the local purchasing agency (LPA) regarding children with special needs.

The completion of this form would result when a provider has indicated a need for additional funds to provide child care services for a child with special needs **and other funds are not available to pay for that care**. The care may be in a developmental day facility or in a regular child care setting where specialized services are provided by the child care facility.

NOTE TO LPA: NC FAST creates the evidence for children with special needs and the evidence should be entered which accurately reflect the family's need for care, for employment, training, or other eligible needs. Children with special needs must have a referral

Part I:

Complete this area with the child's name, date of birth, parent's name, address, and telephone number.

Part II:

Complete the first section if the child's age is **birth through age two (2)**. The Children's Developmental Services Agency (CDSA) is responsible for approving the child's eligibility for the North Carolina Infant-Toddler Program.

The second section of the form would be completed for children ages **three (3) through seventeen (17)**. The local education agency (LEA) will determine if the child is eligible for the Preschool Program or the Exceptional Children's Program in the local school system.

Children with special needs ages birth to five (5) whose parents have declined participation in the North Carolina Infant-Toddler Program, or the Department of Public Instruction's Preschool Program are eligible to receive targeted case management through the Child Service Coordination Program (CSCP) of the Division of Public Health. The Child Service Coordination Program is responsible for linking children birth to age five (5) to community-based services or therapies when there is no IEP or IFSP in place. A representative of one of these agencies will complete and sign this section.

If supplemental payments are anticipated, the agency completing the child's IFSP or IEP will provide a copy of the **service delivery** page describing the child's needs. The Child Care Service Coordination Program will complete the Personal-Care Plan (PCP) to the LPA. The LPA should request only *pages 1, 4, 11 and 13* of the PCP which provides a brief description of the child's needs.

Note: The **original** must be given to the local purchasing agency (LPA).