



Received _____ Approved By: _____

Special Needs Rate Request Form

To receive a special needs rate, in addition to the base rate, it must be requested by the provider and approved by the coalition. A special needs rate may be reimbursed for a school readiness child that has a documented physical, mental, emotional, or behavioral condition that requires a higher level of care in the child care setting. The child's condition must be validated by a licensed health, mental health, education, or social service professional other than the child's parent or person employed by the childcare provider.

By completing this form, I am applying to receive a Special Needs Rate for the child listed below. Is this child currently receiving School Readiness (SR) services at your location? Yes NO

1. Child's Full Name (First and Last)	2. Child's Date of Birth	3. Days and hours of attendance <input type="checkbox"/> Sun <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> Fr <input type="checkbox"/> Sat From: _____ To: _____	
4. Parent/Guardian Name (First and Last)	5. Daytime Telephone	6. Additional Contact Info (phone/email)	
7. Provider's Name			
8. Provider's Location Address		9. Provider's Contact Number _____ 10. Email Address _____	
11. Name of Person Completing Form		12. Title/Position	
13. Records of evaluation, supports and or services with qualifying service dates <input type="checkbox"/> IEP, ILP, IFSP with service date (Must be included) Choose any additional that apply <input type="checkbox"/> Vision/hearing screening <input type="checkbox"/> Therapy screening and or Agency Plan <input type="checkbox"/> Alternate program attendance _____ <input type="checkbox"/> Other _____		14. Provider special needs supports <input type="checkbox"/> Provider Service Plan implemented to support child's special needs <input type="checkbox"/> Daily schedule and/or lesson plan for child with special needs	
15. Please write in detail the special needs of and the additional services you are providing to the child (development, speech language, medical, behavior and or social emotional development, etc.). If more space is needed, please attach an additional page.			
16. The provider/school certifies that the information listed above is correct and has been completed to the best of my knowledge. I also certify that I am providing special needs services to the child listed above and that the required documentation has been submitted with this application.		17. I certify that my child is receiving SR services with this provider at the location listed above. I am aware of and approve the submission of this application by the provider. I fully understand that the provider is applying to receive supplementary funding to help provide additional special needs services for my child.	
18. Signature of Provider/School	19. Date	20. Signature of Parent/Guardian	21. Date

Sent to Reimbursement: _____ Effective: _____ Processed By: _____