

Case Number:

SPECIAL NEEDS VERIFICATION FORM

- You indicated that your child has special needs. If your child needs extra supervision and care due to their special need, Care 4 Kids may provide an additional payment amount. To request this additional payment amount, please sign the ***Authorization to Release Information*** below. This will give your child's doctor or certified health care professional permission to give us the information requested. This information will only be used for this program and not shared with others.
- Take this form to your child's doctor or certified health care professional to be filled out. Ask that the form be returned to Care 4 Kids once completed.

TO BE COMPLETED BY PARENT OR SUPERVISING ADULT

PARENT/SUPERVISING ADULT AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize the release of the requested medical/psychiatric information to the State of Connecticut Office of Early Childhood Care 4 Kids program for:

Patient's Name

Print Name of Parent or Supervising Adult

Signature of Parent or Supervising Adult

Date

Patient's Name: Last: _____ First: _____ DOB: ___/___/___

TO BE COMPLETED BY CHILD'S PHYSICIAN OR CERTIFIED HEALTH CARE PROFESSIONAL

The parent or supervising adult of the child named above has requested increased child care payments from Care 4 Kids on the basis that the child requires extra supervision and care due to their medical/psychiatric disability or impairment. Complete the following information to verify the special needs of this child. Care 4 Kids will need this form completed to determine the level of child care payments.

1. Date of the most recent exam: _____
2. Do you treat the child for any physical disability or health impairment that causes acute health problems, such as a heart condition, orthopedic impairment, tuberculosis, asthma, epilepsy, cerebral palsy, leukemia, or congenital abnormality? Yes No
3. Has the child been diagnosed with any intellectual disability or autism spectrum disorder?
 Yes No
4. Does the child have a behavioral or emotional disturbance, maladjustment or developmental delay that causes the child to exhibit marked and inappropriate behaviors or characteristics over extended periods of time? Yes No
5. Does the child have a speech or language delay? Yes No
6. Does the child have a visual impairment? Yes No
7. Is the child deaf or hard of hearing? Yes No
8. Does the child have multiple disabilities that cause problems or interfere with the child's ability to function in the child care setting without extra care or supervision? Yes No
9. Is the child taking any medication that requires special procedures to administer? Yes No

If you checked YES to any of the above questions, please answer the following questions in regards to the stated impairment.

10. Please describe any special accommodations the child requires in the child care setting and attach any pertinent information. _____

11. What is the expected duration of the stated disability? _____

12. Would a child care provider need any special training, equipment, supplies or a personal attendant to be able to adequately care for this child? Yes No If YES, what type(s) and have you, a therapist, or other certified specialist prescribed any of these? _____

This form must be signed by a Physician or Certified Health Care Professional.

Print Name - Health Care Professional _____
Title

Specialty (_____)
Telephone

Street Address _____
City _____
State _____
Zip

Signature - Health Care Professional _____
Date