

DISTRICT OF PARRY SOUND

INCLUSION SUPPORT FUNDING APPLICATION

For more information email: ccsm@psdssab.org
 Email completed applications to: ccsm@psdssab.org
 (Include "Inclusion Support Funding" in the subject line)

Inclusion Support Funding is provided by the District of Parry Sound Social Services Administration Board to support quality inclusion of children with extenuating special/unique needs.

- This form is to be completed by the child care licensee.
- Please complete all sections and ensure supporting documents are submitted with the application.

THIS FORM IS TO BE COMPLETED BY A PROGRAM SUPERVISOR
***INFORMATION PROVIDED WILL BE USED TO DETERMINE ELIGIBILITY FOR INCLUSION SUPPORT FUNDING**

Date: _____ Program: _____
 Supervisor Name: _____ Contact Information: _____
 Anticipated Funding Start Date: _____ Funding End Date: _____
 Please provide the amount of funding being requested (even if approx.): \$ _____
 What is the hourly wage your program is intending to pay an inclusion support person? \$ _____

GENERAL INFORMATION

Childs Name: _____ Date of Birth: _____
 Date of Enrollment: _____ Program Location: _____

Children's Program:	Infant <input type="checkbox"/>	Toddler <input type="checkbox"/>	Preschool <input type="checkbox"/>	School Age <input type="checkbox"/>
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Days and hours requested for inclusion support:

Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>	PD Days (if applicable) <input type="checkbox"/>
# of Hours:	# of Hours:	# of Hours:	# of Hours:	# of Hours:	School Breaks (if applicable) <input type="checkbox"/>
					# of Hours:

Are the Parent(s)/Guardian(s) working or attending school? Yes No

Comments:

Current involvement with supporting services (Inclusion Support Services, Infant Development, HANDS, OKP, CAS, etc.)? Yes No

Describe:

PURPOSE OF FUNDING REQUEST

Provide details why you are applying for Inclusion Support Funding identifying program challenges/concerns and pressures (i.e. staffing needs, training needs, ratio of children with special needs in program, environment needs, etc.). Identify the most critical times of need for an inclusion support facilitator.

BACKGROUND INFORMATION

Describe any extenuating needs for this child (i.e. disruptive behaviour, flight risk, medically fragile, personal care, physical needs, etc.), be as specific as possible.

Explain what adaptations and/or training plan strategies you have already implemented and/or those you plan to implement to enable your program to provide quality inclusion of children with special needs. How will inclusion support funding support your program? Considering environment, activities, training/education of staff, teaching strategies, extra staff hours required, etc.

Are there support letter(s) attached with this request? Yes No

Name of Applicant (please print)

Signature of Applicant