

## PROVIDER REQUEST FOR ADDITIONAL SPECIAL NEEDS PAYMENT



I am asking child care staff to authorize a higher rate for the care of a child with special needs. I understand I must give information about this child's additional care needs while in child care.

CHILD'S NAME (PLEASE PRINT)		PARENT'S NAME (PLEASE PRINT)	
PARENT/CLIENT ID	CHILD CARE PROVIDER'S NAME AND PROVIDER NUMBER (PLEASE PRINT)		TELEPHONE NUMBER
<b>Please describe the child's additional care needs in the following areas:</b>		<b>Please check the box that best describes the additional level of care provided while in child care.</b>	
1. Any changes you have had to make to accommodate the child's physical needs, or for protection (ramps, lighting, handrails, noise level, locks, gates, fencing, etc.):		<input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Moderate <input type="checkbox"/> Significant	
2. Walking/moving about/using arms and hands/transportation:		<input type="checkbox"/> Similar to children of the same age <input type="checkbox"/> Some <input type="checkbox"/> Total assistance <input type="checkbox"/> Moderate <input type="checkbox"/> Significant	
3. Eating (level of help needed) diet/allergies/food preparation:		<input type="checkbox"/> Similar to children of the same age <input type="checkbox"/> Some <input type="checkbox"/> Total assistance <input type="checkbox"/> Moderate <input type="checkbox"/> Significant	
4. Sleeping/napping/resting/sleep pattern/positioning:		<input type="checkbox"/> Similar to children of the same age <input type="checkbox"/> Some <input type="checkbox"/> Total assistance <input type="checkbox"/> Moderate <input type="checkbox"/> Significant	
5. Breathing/respiratory/allergies: Does the child need any special equipment/medication?		<input type="checkbox"/> Similar to children of the same age <input type="checkbox"/> Some <input type="checkbox"/> Total assistance <input type="checkbox"/> Moderate <input type="checkbox"/> Significant	
6. Toileting/personal hygiene (hand/face washing, self care, diapering, dressing):		<input type="checkbox"/> Similar to children of the same age <input type="checkbox"/> Some <input type="checkbox"/> Total assistance <input type="checkbox"/> Moderate <input type="checkbox"/> Significant	
7. Hearing/seeing/communicating:		<input type="checkbox"/> Similar to children of the same age <input type="checkbox"/> Some <input type="checkbox"/> Moderate <input type="checkbox"/> Significant	
8. Behavior:		<input type="checkbox"/> Similar to children of the same age <input type="checkbox"/> Some <input type="checkbox"/> Moderate <input type="checkbox"/> Significant	

