



SPECIAL NEEDS APPLICATION

**Please return application and supporting documents to:
NY ECPDI, Attn: Special Needs Review Unit, P.O. Box 24988, Brooklyn, NY 11202**

This is a <input type="checkbox"/> New Request <input type="checkbox"/> Renewal <input type="checkbox"/> Change (Please check one)			
Request for Special Needs Code Only	Request for Special Needs Code & Rate		
<p>If you are requesting that your child have a special needs code only without rates, please complete SECTION 1 only, sign the application in Section 5 and return to the address indicated, along with current documentation of the child's Special Needs diagnosis.</p>	<p>If you are requesting the Special Needs Code along with the special needs rate, please complete each section of this application and submit along with current documentation of disability and/or expenses related to care.</p>		

SECTION 1: TO BE COMPLETED BY PARENT
Parents must attach documentation of child's special needs and sign Section 5 in order to complete the application.

<p>CHILD'S INFORMATION</p> <p>Child's Name: _____</p> <p>Child's Date of Birth: ____/____/____ (mm/dd /yyyy)</p> <p>Please identify child's diagnosis (if any): _____</p> <p>Parent/Legal Guardian Information:</p> <p>Parent's Name: _____</p> <p>Address: _____</p> <p>Street _____ Apt. Number _____</p> <p>City/State _____ Zip Code _____</p> <p>Telephone Number: _____</p>	<p>Child's Case Number: _____</p> <p>Date Child Enrolled With Provider: ____/____/____ (mm/dd/yyyy)</p> <p>Status of Child's Attendance</p> <p>During school year? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="font-size: small;">Time</td> <td style="font-size: small;">Mon.</td> <td style="font-size: small;">Tues.</td> <td style="font-size: small;">Wed.</td> <td style="font-size: small;">Thur.</td> <td style="font-size: small;">Fri.</td> <td style="font-size: small;">Sat.</td> <td style="font-size: small;">Sun.</td> </tr> <tr> <td>From</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>To</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>During summer? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="font-size: small;">Time</td> <td style="font-size: small;">Mon.</td> <td style="font-size: small;">Tues.</td> <td style="font-size: small;">Wed.</td> <td style="font-size: small;">Thur.</td> <td style="font-size: small;">Fri.</td> <td style="font-size: small;">Sat.</td> <td style="font-size: small;">Sun.</td> </tr> <tr> <td>From</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>To</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p style="font-size: small;">If this schedule changes, please notify PDI immediately, using this form.</p>	Time	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	From								To								Time	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	From								To							
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<p>PROVIDER INFORMATION</p> <p>Program/Provider Name: _____</p> <p>Program/Provider ID Number: _____</p> <p>Address: _____</p> <p>Street _____ Apt. Number _____</p> <p>City/State _____ Zip Code _____</p> <p>Program/Provider Telephone Number: _____</p> <p>Program/Provider E-Mail: _____</p>	<p>FOR CHILDREN UNDER 5 YEARS OLD</p> <p>Does your child attend any other educational programs or schools? Yes No</p> <p>Name of school: _____</p> <p>Days and Hours of Attendance: _____</p> <p>_____</p> <p>PLEASE NOTE:</p> <ul style="list-style-type: none"> Children are eligible for Special Needs Child Care until the age of 18, <u>unless</u> they are participating in an educational program, in which case, eligibility extends to the age of 19. Incomplete applications will be returned and may delay processing. If approved for Special Needs Rate, the start of payment is based on the day of approval, <u>not</u> the date of child care enrollment.
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SECTION 2: PROVIDER NARRATIVE -TO BE COMPLETED BY PROVIDER
(Only if a special needs rate is being requested)

Providers requesting a special needs rate **must use the space below** to provide detailed information describing their plan to use the requested additional funds for the successful accommodation and inclusion of children with special needs (i.e, additional teacher aide, nurse, special education or social work consultation; special equipment and materials; etc.). **If additional space is needed, please attach separate sheet.**

Insert Narrative Here:



SPECIAL NEEDS APPLICATION (ECE-001) INSTRUCTIONS

Please follow these instructions carefully, as failure to properly complete the application will result in a delay in processing your request for the special needs designation and/or rate.

Line 1: Check(✓) whether this is a New application; a Renewal of an existing application, or a Change in provider or case information (such as a change in case number, provider ID number, name, etc.)

Line 2: Check(✓) whether you are requesting for your child to be coded as a Special Needs child (Box 1), or whether you are requesting for your child care provider to receive additional funding to accommodate your special needs child (Box 2).

SECTION 1: To be completed by all applicants

Child's Information: Please write child's full name, date of birth, formal diagnosis (if any), and parent's information, including the family's address and contact number(s). Include the child's 10-digit case number for child care. Please detail the hours that your child is being cared for by his/her provider, indicating whether care is provided part-time or full-time during the school year and summer. Please note that if the child care schedule changes, it is the responsibility of the parent to notify the Special Needs Review Unit or their child care enrollment source (HRA or ACS).

Provider's Information: In this section, please include provider or program's name and ACCIS ID number (this is the number used by the provider to claim child care payments), along with full address and contact information. For children **under** 5 years old, please list the name of any schools or educational programs your child is also attending.

PROCEED TO SECTIONS 2-4 ONLY IF YOU ARE REQUESTING A SPECIAL NEEDS RATE

SECTION 2: To be completed by the Provider or Program

*** (only if requesting special needs rate) ***

Provider Narrative: All providers requesting the special needs rate **MUST** describe the reason for requesting additional funds, with specific information about how they will accommodate and include the child with special needs in their child care setting. Please note that the special needs rate is meant to assist providers who must provide special needs children with **child care** services beyond the scope of what is reasonably expected, due to the child's special needs condition. The special needs rate does **not** cover educational or academic expenses.

SECTION 3: Additional Care-To be completed by Provider or Program

*** (only if requesting special needs rate) ***

Boxes 1-5: Please check(✓) the box that most accurately describes the level of care the child needs in each of the five (5) categories. Each box should be checked based upon how much more care the special needs child requires when compared to the care provided to other children of the same age.

SECTION 4: Additional Costs-To be completed by Program or Provider

*** (only if requesting special needs rate) ***

Boxes 1-4: Please check(✓) only the boxes that describe the additional costs you are actually accruing in order to meet the child's special needs. Each claim of additional cost must be accompanied by receipts or other appropriate proof.
Box 1: Purchases of specialty foods must be made due to child's special needs.
Box 2: Materials purchased must be recommended by specialist
Box 3: Need for additional staff should be substantiated by child's needs.
Box 4: Modifications, rentals/purchase of supplies based upon child's needs.

SECTION 5: Signatures

Parent Signature: All applications must include the parent's signature.

Provider/Program Signature: The provider or program director's signature is required only when a special needs rate is being requested.

Supporting Documentation:

Each application must be accompanied by **copies** of current documentation of child's qualifying special needs condition (e.g.: Individualized Education Plan, Individualized Family Service Plan, Mental Health Evaluations, letter from doctor specifying child's condition, etc.). Receipts and/or proof of claimed expenses must also be submitted for consideration with rate requests.

Mail all applications and supporting documents to:
NYC ECPDI Special Needs Review Unit – P.O. Box 24988, Brooklyn, NY 11202



SECTION 3: ADDITIONAL CARE. -TO BE COMPLETED BY PROVIDER			
Providers requesting a special needs rate must complete this section in order to describe any additional care required to meet the needs of this child.			
Include an explanation and/or example in the space provided:		Check only one box per category that best describes the child's level of care required:	
1. Medical Complexity:	<input type="checkbox"/> Needs met with general knowledge (e.g. Tylenol or Nebulizer)	<input type="checkbox"/> Provider administers medication on a regular basis and requires special instruction or training	<input type="checkbox"/> On site medical care from licensed medical or mental health professional is necessary (e.g. Visiting Nurse)
2. Self-Care Tasks (feeding, dressing, toileting)	<input type="checkbox"/> Child is able to meet needs appropriate for age	<input type="checkbox"/> Child needs minimal assistance, including physical and verbal support	<input type="checkbox"/> Child needs full adult support with self-care tasks; does not demonstrate age appropriate independence.
3. Mobility	<input type="checkbox"/> Child's mobility is similar to others of the same age	<input type="checkbox"/> Child needs minimal support (e.g. balance, help using stairs, shifting)	<input type="checkbox"/> Child requires assistance (e.g. lifting, pivoting, and positioning) or the use of adaptive equipment (e.g. wheelchair or walker.)
4. Communication Skills	<input type="checkbox"/> Child's communication skills are similar to that of children the same age	<input type="checkbox"/> Child has limited verbal communication skills as compared to children of the same age, may use nonverbal methods to interact and request	<input type="checkbox"/> Child is unable to verbalize wants or needs; lack of communication skills might increase maladaptive behaviors; child may use alternative forms of communication (pictures, sign language, etc.)
5. Safety and Supervision	<input type="checkbox"/> Child requires the same amount of supervision as children of the same age	<input type="checkbox"/> Child needs frequent verbal reminders and assistance to behave safely and appropriately	<input type="checkbox"/> Child must always be in adult's sight, requires individual adult monitoring to maintain safety of self and/or others.

SECTION 4: ADDITIONAL COSTS -TO BE COMPLETED BY PROVIDER		
Providers requesting a special needs rate must complete this section. Specify any additional costs to provider, due to the child's special needs. Any additional costs indicated in this section must be accompanied by receipts and/or proof of cost.		
Include an explanation and/or example in space provided:	Include total cost and frequency below:	
1. Purchase and preparation of specialty foods:	Cost Amount: \$ _____	<input type="checkbox"/> One time cost; OR <input type="checkbox"/> Recurring cost: Number of times _____ Per: (circle one) Hour Week Month
2. Materials or supplies for use with child on a routine basis as recommended by a therapist, physician or other specialist:	Cost Amount: \$ _____	<input type="checkbox"/> One time cost; OR <input type="checkbox"/> Recurring cost: Number of times _____ Per: (circle one) Hour Week Month
3. Additional staff or additional assistance for supervision:	Cost Amount: \$ _____	<input type="checkbox"/> One time cost; OR <input type="checkbox"/> Recurring cost: Number of times _____ Per: (circle one) Hour Week Month
4. Minor modifications; renovations; purchase/rental of supplies:	Cost Amount: \$ _____	<input type="checkbox"/> One time cost; OR <input type="checkbox"/> Recurring cost: Number of times _____ Per: (circle one) Hour Week Month

SECTION 5: SIGNATURES -TO BE COMPLETED BY PARENT and PROGRAM/PROVIDER			
(Parent signature required on all applications. Provider signature only when requesting special needs rate.)			
_____ Parent / Legal Guardian Signature		_____ Program/Provider Signature	
_____ Date		_____ Date	