

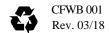


SPECIAL NEEDS APPLICATION

All sections must be filled in or the application will be considered incomplete. Families utilizing this form must be eligible for subsidized child care.

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

SECTION 1: TO BE COMPLETED BY PARENT						
Check one:	☐ New Request	☐ Renewal	□Change of Provider			
PARENT INFORMATION						
Parent/Caretaker's Name (please print):						
Primary Language:						
Street Address:		Apt #:				
City:	State:	Zip Co	ode:			
Home Phone:	Cell Ph	none: W	ork Phone:			
CHILD INFORMATION						
Child's Name (please pri	nt):	Child Care Case Number:				
Cash Assistance Case No	umber (if applicable): _	Date of Birth:/ (mm/dd/yyyy)				
PROVIDER INFORMATIO	<u>N</u>					
Program/Provider Name:		Program/Provider ID #:				
Street Address:		Apt #:				
		Zip Code:				
City:	State:	Zip Co	ode:			
City:		Zip Co	ode:			
			ode:			
		Zip Co	ode:			
		ION 2: APPLICATION TYPE	enchanced payment rate □			
Telephone:	SECT al needs care only, ld care case to be	ION 2: APPLICATION TYPE	ENCHANCED PAYMENT RATE eeds care with an are applying for special			
SPECIAL NEEDS CARE If you are applying for special you are applying for your child designated as a Special Need enhanced payment rate.	al needs care only, Ild care case to be s Case without an	SPECIAL NEEDS CARE AND E If you are applying for special neenhanced payment rate, you needs care and enhanced payment	eeds care with an are applying for special nt rate for the provider listed			
SPECIAL NEEDS CARE If you are applying for special you are applying for your child designated as a Special Need enhanced payment rate.	section of the sectio	SPECIAL NEEDS CARE AND B If you are applying for special neenhanced payment rate, you needs care and enhanced payment in Section 1.	eeds care with an are applying for special nt rate for the provider listed			
SPECIAL NEEDS CARE If you are applying for special you are applying for your child designated as a Special Need enhanced payment rate. SECTION	section of the sectio	SPECIAL NEEDS CARE AND B If you are applying for special neenhanced payment rate, you needs care and enhanced payment in Section 1.	eeds care with an are applying for special nt rate for the provider listed			





SECTION 4: TREATING PRACTITIONER DIAGNOSIS AND NARRATIVE

The treating professional of the child requiring special needs child care must use the space below OR provide a separate letter describing the child's treatment of their special needs. Documentation of diagnosis from the treating practitioner is also required and must be attached to the application. The letter, documentation and all other applicable documents must be on letterhead and dated within one calendar year of the submission of this application.

TREATING PROFESSIONAL				
Name (please print):				-
Street Address:			Apt #:_	
City:	_ State:	Zip Code:	Telephone	»:
Title:	[NYS License No.:		
Comments:				
			_	
SECTION 5:	SIGNATURE	E TO BE COMPLETED	BY TREATING PR	OFESSIONAL
I affirm that all information I have	ve provided			
is true and accurate.				
		Treating Professional Signa	ıture	Date
	SECTIO	AN C. FOR OFFICE US	PE-ONLY	
	SEGIN	ON 6: FOR OFFICE US	DE UNLT	
Date Received:				
		St	taff Name	
		9,	CC Ci atrusa	
) Si	taff Signature	