



Special Needs Child Care Rate Request

Parent and child care provider must each complete and sign a separate form.

Person completing this form	<input type="checkbox"/> Parent	<input type="checkbox"/> Child Care Provider
Child's name (print)	Date of Birth	
Parent's Name (print)	Client ID #	
Child Care Provider's Name (print)	Provider SSPS#	Telephone #

Children with special needs generally have physical, emotional or mental challenges limiting one or more major life activities. Major life activities mean breathing, hearing, seeing, speaking, walking, using arms and hands, learning and playing. **Describe medical and/or mental health diagnosis if available.**

Any of these documents are acceptable. Please attach documentation: Individual Habilitation Plan (IHP), Individual Education Plan (IEP) Individual Family Service Plan (IFSP), health records, mental health assessments or other supporting documents from a qualified licensed professional. Attach additional sheets if necessary.

Physical Needs of Child

Describe the activity and time spent for each task on a daily, weekly, occasional or ongoing basis. Describe tasks you perform that require extra care above and beyond what you do for a typical child in your care.

1. Medication administration, including any allergy medication?
2. Use of medical equipment?
3. Breathing assistance?
4. Special food preparation, eating assistance and additional cleaning required?
5. Special sleeping arrangements and supervision?
6. Special hygiene needs and additional cleaning required?
7. Diabetes monitoring, nutrition planning and medication management?
8. Seizure disorder monitoring and medication management?
9. Physical therapy activities?

Parent Name:

Child Name:

Client ID #:

Special Needs Rate Request Form

Parent

Child Care Provider

Behavioral Needs of Child

Describe the activity and time spent for each task on a daily, weekly, occasional or ongoing basis. Describe tasks you perform that require extra care, above and beyond what you do for a typical child in your care.

1. Protect from hurting self and others?

2. Managing and supervising emotional behavior ?

3. Behavioral therapy activities?

Educational Needs of Child

Describe the activity and time spent for each task. Describe examples of tasks you perform that require extra care, above and beyond what you do for a typical child in your care.

1. Hearing, speech or vision needs?

2. Learning Disability?

3. Educational learning activities?

4. Occupational therapy activities?

What is the child care provider rate you are requesting to care for this child?

_____ Hourly _____ Daily _____ Weekly _____ Monthly

What type of child care provider are you?

____ Family, Friends and Neighbors (FFN) ____ Licensed Family Home (LFH) ____ Licensed Center

Name of the one-on-one person providing care:

By signing this form, I acknowledge my request for a special needs rate:

Parent Signature

Date

Child Care Provider Signature

Date

The following agencies may provide resource information for you and your child:

Aging and Disability Services Administration, <http://www.aasa.dshs.wa.gov>, 1-800-422-3263

The Arc of WA, Parent to Parent, <http://www.arcwa.org>, 1-888-754-8798

Early Intervention Services, Birth to Three www.withinreachwa.org 1-800-322-2588

Child Care Aware of Washington, <http://wa.childcareaware.org/> 1-800-446-1114

Special Education Services, Public School System