

**REQUEST FOR SPECIAL PURPOSE/SPECIAL NEEDS  
PROVIDER CHILD CARE**

ES-1627a  
Rev. 7/07

Type of Care/Rate Needed:

\_\_\_\_\_ **Special Purpose (IP):** This payment rate is available for a child with disabilities or continual behavioral problem who has a need for specialized support services. The rates are indicated on the back of this form, and are for a maximum of 4 hours per day. Approval from regional child care provider enrollment staff is needed if the provider is not a licensed Special Purpose Center.

\_\_\_\_\_ **Special Needs:** This payment rate is available for a child who has a temporary or permanent disability but is able to function in a child care environment without access to other specialized support services. This rate is \$.15 more than the regular rate. Approval from regional child care provider enrollment staff is not needed.

Effective Date: \_\_\_\_\_ End Date: \_\_\_\_\_

To be completed for each child who has been identified by a social worker or authorized professional as having a need for care from a designated special purpose or special needs provider. A signed copy of this form and appropriate documentation shall be attached to the case file Child Care Plan for each child.

**I. IDENTIFICATION:** Case No. \_\_\_\_\_

Name of Child: \_\_\_\_\_

Date of Birth/Age: \_\_\_\_\_

Developmental Age, (if different): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Parent/Guardian/Caretaker: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

**II. CHILD'S NEEDS (Describe):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. PROVIDER NAME AND TYPE (IF KNOWN):** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

**IV. SOCIAL WORKER OR AUTHORIZED PROFESSIONAL IDENTIFYING NEED:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ Date: \_\_\_\_\_

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**V. SIGNATURE OF EES/SOCIAL SERVICE CHIEF OR DESIGNEE:**

Name: \_\_\_\_\_

**INSTRUCTIONS FOR SPECIAL PURPOSE RATE:** The family must qualify for child care subsidy. The family should request the enhanced rate for special care from a specific child care provider.

The child must have one or more of the following conditions:

- Developmental age lower than chronological age and requires assistance via special supervision;
- Movement impairment: requires special assistance or unable to move;
- Sensory impairment: requires special environment modifications or assistance;
- Hygiene, toileting and feeding: requires assistance or special equipment unusual to the child's age;
- Emotional impairment including challenging behavior: requires special equipment or assistance/special supervision.

The parent should provide one or more of the following as a documentation of need:

- IFSP/IEP indicating the need for special assistance or supervision;
- Observations/written documentation from a skilled professional\* familiar with the child's needs and abilities.

\* A skilled professional would be a professional such as a physician, therapist, psychologist, special education teacher, public health nurse.

The family should present a signed statement from the child care provider indicating what *exceptional* services will be provided, i.e. - one-on-one supervision, respiratory management, hygiene requirements unusual for the age of the child. The provider should also provide documentation of any current special training acquired or needed to care for the child and what the expected payment rate will be. Documentation of training or a plan to acquire training must be included. The provider must be or plan to become enrolled in the child care subsidy program.

Special Purpose rates are as follows:

Centers - \$7.37 for under 2.5 yrs  
\$7.05 for over 2.5 yrs

Homes - \$7.37 for under 18 mos  
\$7.05 for 18 mos & over

**INSTRUCTIONS FOR SPECIAL NEEDS RATE:** Any regulated SRS provider may request to be designated as a Special Needs Provider. Examples may include a child with a cast who cannot participate in regular activities, or a child who requires insulin shots, special diet, and blood sugar tests.