

# Child Care Financial Assistance Program

## Special Health Needs (Adult)

**Definition of Special Health Needs Adult:** *A primary caretaker whose physical, mental and/or emotional condition precludes her/him from reasonable employment or training opportunities and the provision of adequate and necessary care and supervision of her/his child(ren) during all of the days and/or hours that such care and supervision is required.*

All requested information must be submitted or the applicant's request will be denied. CDD reserves the right to question/limit the days and hours of child care. Child care will not be authorized during requested/recommended hours if another primary caretaker is available to care for her/his own children.

\_\_\_\_\_(Applicant) has applied for subsidized child care through the Child Care Financial Assistance Program. All information included herein is considered confidential.

The applicant's signature below gives permission for this form to be shared with the Eligibility Specialists for determining child care financial assistance eligibility.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**In order to determine eligibility based on special health needs, a Physician (MD), Physician Assistant (PA), Nurse Practitioner (NP) or state licensed Psychologist must complete the requested information below.**

Patient Name \_\_\_\_\_

Diagnosis \_\_\_\_\_

Expected duration of condition \_\_\_\_\_

Specific days and number of hours child care is necessary:

Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tues \_\_\_\_\_ Weds \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Total #Hours \_\_\_\_\_

Child(ren)'s name(s) and age(s): \_\_\_\_\_

Form Completed by: ☐ Physician/Physician Assistant (MD/PA) ☐ Nurse Practitioner (NP)  
☐ State Licensed Psychologist

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

of Physician (MD), Physician Assistant (PA), Nurse Practitioner (NP) or state licensed Psychologist

If you have questions regarding completion or submission of this form, please contact the Community Child Care Eligibility Specialist at the number below: