



## Facility Support Plan

Check (✓) each of the *Considerations* that apply to the Facility Support Plan and provide details in the *Comments* section.

Considerations	Comments
___ Enhanced staffing (in addition to regulated ratios)	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
___ Frequency, urgency or immediacy of staff interventions	
___ Impact support / lack of support has on the group	
___ Additional program planning required for adaptations	
___ Support for outings and/or days off school	
___ Hours of care	
___ Other: _____	

Expectations for Ongoing Communication	Explain methods / means / frequency
Between facility and parent	
Between facility and support professional	
Other (such as within the facility and case conferences)	

\*When applying for an Enhanced Accessibility Grant a **Personal Program Plan (PPP)** must be completed and accompany the application or be finalized within four weeks of an initial application.

### SECTION III The Parent(s)/Guardian(s) of the Child

- *The Child Care Regulations, 2001* state that parents of a child with exceptionally high diverse needs must be employed, engaged in a business or enrolled in an educational program in order for the child to be eligible for an EA grant.
- Only name, address and phone number are required for Individual Inclusion Applications.

Parent/Guardian 1 - Name:		Date of birth:	
Last Name	First Name	Year / Month / Day	
Parent/Guardian 1 – Address:			
Street	City/Town	Postal Code	
Parent/Guardian 1 Phone Number:		Email:	
For purpose of six month evaluation			
Parent/Guardian 1 Work Status:		Days of the Week ( <i>circle</i> )	
		Hours of the Day	
<input type="checkbox"/> Full Time Work	M T W Th F Sat Sun	From	to
<input type="checkbox"/> Part-Time Work	M T W Th F Sat Sun	From	to
<input type="checkbox"/> Attending School/Training Program	M T W Th F Sat Sun	From	to
<input type="checkbox"/> Unemployed			
Comments:			
Parent/Guardian 2 - Name:		Date of birth:	
Last Name	First Name	Year / Month / Day	
Parent/Guardian 2 - Address:			
Street	City/Town	Postal Code	
Parent/Guardian 2 Phone Number:		Email:	
For purpose of six month evaluation			
Parent/Guardian 2 Work Status:		Days of the Week ( <i>circle</i> )	
		Hours of the Day	
<input type="checkbox"/> Full Time Work	M T W Th F Sat Sun	From	to
<input type="checkbox"/> Part-Time Work	M T W Th F Sat Sun	From	to
<input type="checkbox"/> Attending School/Training Program	M T W Th F Sat Sun	From	to
<input type="checkbox"/> Unemployed			
Comments:			

**SECTION IV Level of Funding – Individual Inclusion Grants Only**

*Grant level recommended:*  **Level One** (\$200/month)  **Level Two** (\$250/month)  **Level Three** (\$300/month)

**Comments:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION V Meeting Attendees**

List of meeting attendees and titles if not listed in Section VI:

Name	Title

**SECTION VI Certification by Applicants**

We, the undersigned, do hereby certify that all the information provided is true and complete to the best of our knowledge and that we support the grant application.

Signature of Child Care Facility Representative:	Print Name and Title:	Date (yyyy / mm / dd):
Signature of Supporting Professional:	Print Name and Title:	Date (yyyy / mm / dd):
Signature of Parent/Guardian:	Print Name and Title:	Date (yyyy / mm / dd):