



# Inclusion Program Adapted Equipment / Training & Resources Grant Application

To be completed by supporting professional in consultation with the parent/guardian and caregiver.

<b>APPLICATION FOR:</b>	Date: _____
<input type="checkbox"/> <b>Adapted Equipment Grant</b> - for the purchase of adapted equipment required to meet the needs of the child in an amount not to exceed \$600/year or in exceptional circumstances \$1200/year	
<input type="checkbox"/> <b>Training &amp; Resources Grant</b> - for the training of child care employees and the provision of resources to meet the needs of the child in an amount not to exceed \$100/year or for Enhanced Accessibility \$200/year.	

All receipts shall be retained by the facility and may be viewed by the Program Consultant. If the grant is not spent on approved equipment, training or resources, funds will be recorded as an overpayment and recovered from future grants. Note: The grant is for resources and registration fees for training events, not mileage, meals, accommodations.

CHILD INFORMATION
Child's Name: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Last</span> <span>First</span> </div>
Birth Date: _____ Age: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Year / Month / Day</span> </div>
FOR OFFICE USE ONLY:
Client ID #: _____
INCLUSION GRANT INFORMATION
Currently this facility is receiving for this child: <ul style="list-style-type: none"> <li><input type="checkbox"/> Individual Inclusion Grant (CS)</li> <li><input type="checkbox"/> Enhanced Accessibility Grant (EA)</li> <li><input type="checkbox"/> No current Inclusion Grant, or <input type="checkbox"/> CI funded</li> </ul>
CS/EA Grant start date: ____/____/____ CS/EA Grant end date: ____/____/____ <div style="text-align: center; font-size: small;">(Year / Month / Day)</div>

PARENT/GUARDIAN INFORMATION
Name: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Last</span> <span>First</span> </div>
Birth Date: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Year / Month / Day</span> </div>
Address: _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> <span>Street / Box No.</span> <span>City / Town</span> </div>
Postal Code: _____
Telephone: _____ <div style="display: flex; justify-content: space-around; width: 100%; font-size: small;"> <span>Home</span> <span>Work</span> </div>
_____ <b>Signature of Parent</b>
FOR OFFICE USE ONLY:
Client (Applicant) ID #: _____

FOR OFFICE USE ONLY:			
Facility Name: _____			
Single Payment Grant Type: <u>  CE  </u> Grant Number: _____	Single Payment Grant Type: <u>  CE  </u> Grant Number: _____		
Facility Number: _____  Grant of \$ _____  <b>System</b> Start Date: ____/____/____ End Date: ____/____/____ <div style="text-align: center; font-size: small;">(Year/Month/Day)</div>	Facility Number: _____  Grant of \$ _____  <b>System</b> Start Date: ____/____/____ End Date: ____/____/____ <div style="text-align: center; font-size: small;">(Year/Month/Day)</div>		
Signature of Program Consultant	Date	Signature of Program Consultant	Date
Signature of Supervisor or designate	Date	Signature of Supervisor or designate	Date
Signature of Director or designate	Date	Signature of Director or designate	Date

<b>SUPPORTING PROFESSIONAL INFORMATION</b>	
_____	
Name and Title of Supporting Professional	
_____	
Agency Name	
_____	
Street / Box No.	City / Town
_____	
Postal Code	Telephone
_____	
E-mail	Fax
_____	
<b>Signature of Supporting Professional</b>	

<b>CHILD CARE FACILITY INFORMATION</b>	
_____	
Name of Child Care Facility	
_____	
Street / Box No.	City / Town
_____	
Postal Code	Telephone
_____	
E-mail	Fax
_____	
<b>Signature of Centre Director / Child Care Home Provider</b>	
_____	
<b>Signature of Primary Caregiver</b>	

<b>ITEM</b> (name and description of equipment, training or resource) <i>Attach diagram or copy of equipment catalogue page as needed for clarification.</i>	<b>PURPOSE</b> (explain the reason(s) for needing this equipment, training or resource)	<b>ESTIMATED COST</b> (including shipping / handling / exchange rate / taxes)
<b>Total Estimated Cost:</b>		<b>\$</b>

<b>Comments:</b> _____ _____ _____ _____ _____
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