



# RESOURCES FOR EXCEPTIONAL CHILDREN AND YOUTH - Durham Region

865 Westney Rd. South, Ajax, Ontario L1S 3M4  
Telephone (905) 427-8862 Fax (905) 427-3107 Toll Free 1-800-968-0066

## Enhanced Staffing Support Application Form

Date of Application: \_\_\_\_\_

Please check applicable funding period (**please select one**):

January – June

September – December

July – August

**Please note:** If this is a request for **shared support** in one classroom, please fill out **page 1** only once and pages 2-4 for each respective child.

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

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

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

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

**This application is for support in which classroom?** \_\_\_\_\_

# children enrolled: \_\_\_\_\_ : # staff: \_\_\_\_\_ Request for **Individual Support**  OR **Shared Support**

Are you currently using Enhanced Staffing in this room? Yes  No  How many hours/day? \_\_\_\_\_.

You are requesting support for: \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_.  
# of hours/day # days/week total weekly hours

Hours Program Assistant will work: \_\_\_\_\_ P.A. hourly rate \$ \_\_\_\_\_  
(e.g. 3:30 – 5:30, 9:00 – 11 & 3 – 4:30)

Additional support for P.A. days and school closures: \_\_\_\_\_ X \_\_\_\_\_  
Number of days # of hours /day

If this is an application for **Shared Support**, only pages 2-4 need to be filled out for each additional child included in this application.

Child's Name:		Date of Birth:
Diagnosis:		
Date of Diagnosis/By Whom?		
Submitted to RFECY? <b>Yes / No</b>		
Name of Parent(s)/Guardians:		
Address:		
Home Phone:		Work Phone:
<b>Parent(s) are:</b> Working            Full time <input type="checkbox"/> or    Part time <input type="checkbox"/> Attending School    Full time <input type="checkbox"/> or    Part time <input type="checkbox"/>		
<b>Is this family currently receiving Child Care Subsidy?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Waitlisted		
Waitlisted	Receiving	What other services for this child have been accessed by you at the time of this application?
		Central East Autism Program (CEAP)
		Durham Behaviour Management Services
		Durham Infant and Child Development Services
		Grandview Children's Centre
		Durham Preschool Speech and Language Program
		Kinark Child & Family Services
		Resources for Exceptional Children And Youth – Durham Region <b>Enhanced Staffing:</b> YES / NO Consultation:            YES / NO Resource Consultant's Name: _____
		Other:

**Reason you are applying for ES Support** (please check only those that apply):

Enhanced Staffing applications will be prioritized based on the child’s level of need and availability of funding. Please provide an accurate, detailed summary of this child’s needs in your program. RFECY reserves the right to conduct observations to confirm information provided in application or to gain additional information.

The child you are applying for:	√	If checked, please provide explanation including frequency, severity, etc.
Needs adult assistance for positioning, mobility, and use of equipment <b>frequently</b> during his/her attendance.	<input type="checkbox"/>	
Is in a physical environment that increases his/her level of need and impacts on the ability to keep him/her safe; <b>challenges cannot be addressed by environmental adaptations.</b>	<input type="checkbox"/>	
Requires an <b>extraordinary level</b> of adult intervention due to his/her medical needs which require ongoing monitoring and administration responsiveness.	<input type="checkbox"/>	
Lacks understanding of personal safety which <b>frequently</b> puts him/her in dangerous situations.	<input type="checkbox"/>	
Demonstrates <b>injurious</b> behaviours to others with <b>high frequency and severity.</b>	<input type="checkbox"/>	

**Access Criteria for Enhanced Staffing Support:**

- ! Parents/Guardians work or live in Durham Region and **require** care for their child due to work or school commitments.
- ! Referral and intake to RFECY must be completed by the family before an application is submitted.
- ! The Centre has connected with other community support services as appropriate (e.g., Grandview/Preschool Outreach Program; RFECY-Consultation; DBMS; CNIB/OFVIC; etc.) **regarding this particular child** and can show evidence of referral, waitlist, or utilization of these services.
- ! Enhanced Staffing Support is part of a plan to support the child in the community with all appropriate partners and, whenever possible, hours would be gradually decreased.
- ! The child’s identified need impacts significantly on their health and safety in the child care / community setting.

**Additional Considerations:**

- ✓ Enhanced Staffing Support will not be approved for developmental or educational purposes.
- ✓ ES Support will not be approved at a licensed child care program to follow through with complex medical care when it has been determined that a nursing professional is required. When a nursing professional is not required, ES Support may be considered providing the centre has sufficient insurance.
- ✓ ES Support is enhancement over and above current staff ratios within the classroom and not individual 1:1 funding.
- ✓ Approvals will be prioritized and determined based on the child’s level of need and funding availability.

**Signatures:**

- **We hereby apply for Enhanced Staffing Support and declare that the enclosed information is true to the best of my/our knowledge.**
- **To determine if we meet the criteria, I understand an observation at the centre may be conducted by the Community Supports Manager or designate.**
- **We are aware that the child and /or licensed child care program must meet the specific criteria prior to consideration of approval of support.**
- **We understand that Resources for Exceptional Children and Youth - Durham Region will attempt to provide support that responds in a manner that is fair and equitable throughout the Region. Limited resources are available.**
- **If funding is approved, a Consent for Service form with original signatures must be on file with RFECY.**
- **If the child is withdrawn from the designated program, then this application becomes null and void, funding is allocated to the child care centre and is non-transferable.**

---

Signature of Parent/Guardian

---

Date

---

Signature of Licensed Child Care Supervisor

---

Date