

The personal information requested on this form is collected and managed in accordance with the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection or use of this information, contact Alberta Supports Contact Centre 1-877-644-9992 (toll free) or 780-644-9992 (Edmonton Area) between the hours of 7:30 a.m. - 8:00 p.m., Monday-Friday.

## Section 1 - Information of Individual Being Referred

|            |             |           |
|------------|-------------|-----------|
| First Name | Middle Name | Last Name |
| Address    |             |           |

## Section 2 - Authorized Professional

This section must be completed by one of the following individuals (*please check the appropriate box*):

- Medical Doctor  
  Psychologist  
  Psychiatrist  
  Counsellor  
  Social Worker  
 Other Qualified Professional (*please specify*) \_\_\_\_\_

|                                 |                           |
|---------------------------------|---------------------------|
| Name of Authorized Professional |                           |
| Agency Name (if applicable)     |                           |
| Business Address                | Business Telephone Number |

I confirm that the above named  parent/guardian  child requires child care due to a special need that is (emotional, physical, sensory, communication, developmental).

In my opinion, this child/parent has an ongoing need that requires additional support services:  yes  no

If "No", I expect this child will require additional support services until \_\_\_\_\_.\*  
Date (yyyy-mm-dd)

\_\_\_\_\_  
Date (yyyy-mm-dd)

\_\_\_\_\_  
 Authorized Professional's Signature

\*Note: If you do not indicate an end date, the parent will be required to resubmit this form along with their Child Care Subsidy application on an annual basis.

### FOR OFFICE USE ONLY

|                            |              |  |
|----------------------------|--------------|--|
| Date Received (yyyy-mm-dd) | Reviewed By: | Action:<br><input type="checkbox"/> Approved <input type="checkbox"/> Not Approved |
|----------------------------|--------------|--|