

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: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
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