

Far Northern Regional Center Day Care Request

Day care for children shall be funded by regional centers only for day care costs exceeding the cost of providing day care services to a child without a developmental disability.

Client Name: _____ Date of Birth: _____

Number of siblings in the home: _____ Ages: _____

Do siblings receive services from Far Northern Regional Center?
Yes No N/A How many siblings: _____

Has the child ever attended a day care? Yes No If yes, was it successful. Yes No
If it was not successful please explain why? _____

What other resources have been explored? _____

Does the child receive In-Home Support Services? Yes No
If yes, how many hours per month? _____

Prevailing day care rate paid for child w/out developmental disability: _____ per _____
(day, hour, week, etc.)

Proposed additional charges due to your child's needs (see Page 2) _____ per _____ (day, hour
week, etc.)

Current day care rate paid for siblings: _____ per _____ (day, hour, week, etc.)

Amount you are now requesting FNRC fund for day care: _____ per _____ (day, hour, week, etc.)

How many parents/guardians are in the household? _____

Do the parent(s)/guardian(s) work? Yes No

Do the parent(s)/guardian(s) go to school? Yes No

Please list work or school schedule for each parent/guardian below:

Parent/Guardian #1 –

Parent/Guardian #2 –

Sunday _____
Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____
Saturday _____

Sunday _____
Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____
Saturday _____

What is the travel time to and from work/school:

Parent #1 _____ Parent #2 _____

School end date: _____ School start date: _____

School is in session from _____ am to _____ pm

School holiday schedule _____

Total hours being requested: _____

Parent/Guardian Signature

Date

Far Northern Regional Center Day Care Request Rate Supplement

Complete the following if requested by the FNRC Community Services Division:

Please mark any concerns in the settings below based on the following definitions:

Elopement: Leaving premises without authorization and/or supervision in such a way that safety is endangered.
Emotional outbursts: Sustained and intense displays of negativity related to frustration, fear, or anger.
Self-injurious behaviors: Biting, scratching, or causing injury by putting inappropriate objects into ear, mouth, etc.
Physical aggression: Behaviors that physically harms or has the potential of physically harming others
Safety awareness: The ability to follow rules and avoid hazardous situations.
Toileting: Being able to toilet without prompting or assistance with hygiene.

Community

- Elopement
- Emotional outbursts
- Self-injurious behaviors.....
- Physical aggression
- Lack of safety awareness
- Toileting.....
- Additional concerns: _____

School

- Elopement
- Emotional outbursts
- Self-injurious behaviors.....
- Physical aggression
- Lack of safety awareness
- Toileting.....
- Additional concerns: _____

Home

- Elopement
- Emotional outbursts
- Self-injurious behaviors.....
- Physical aggression
- Lack of safety awareness
- Toileting.....
- Additional concerns: _____

Parent/Guardian Signature
10/11/16

Date