

DOCUMENTATION OF SPECIAL NEEDS FOR CHILD CARE

Recipient/Payee Address	Name of Child	
	SSN of Child	Date of Birth

Please have your child's Health Plan Care Professional complete, sign and return the following information.

Name

Address

Specialty of Examining Professional

To the Health Care Professional: There has been a request for a higher child care rate for the child above based on the special needs of the child. To be considered a child with a special need, the child must have one or more of the following conditions which are not related to chronological age and are documented by a physician, licensed or certified psychologist, or licensed mental health practitioner.

1. Please check the applicable condition or conditions:
- ☐ a. Emotional impairment: including behavioral impairment, requiring special equipment or assistance;
 - ☐ b. Developmental age level lower than chronological age and requires assistance via special supervision;
 - ☐ c. Movement impairment: requires assistance or unable to move;
 - ☐ d. Sensory impairment: requires special environmental modifications or assistance;
 - ☐ e. Speech impairment: requires special equipment or assistance;
 - ☐ f. Hygiene: requires assistance or special equipment;
 - ☐ g. Feeding: requires special equipment or assistance;
 - ☐ h. Toileting: requires assistance or special equipment;
 - ☐ i. Medical conditions: requires respiratory aids or special procedures;
 - ☐ j. Therapy required: physical, occupational speech, or respiratory;
 - ☐ k. Medications: requires assistance or special procedures.

2. What is the diagnosis?

3. Why does this condition require special child care accommodations or attention?

4. How long is this condition expected to last?

5. Any other relevant information:

Signature of Health Care Professional	Date
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Printed Name of Health Care Professional

For DHHS Office Use Only:
Documentation of Special Needs Rate for Child Care Provider

The provider is requesting a higher rate for a child with special needs because:

1. ☐ Yes ☐ No Additional Staffing is required or provider must reduce number of children in care.

2. ☐ Medical ☐ Behavioral ☐ Developmental Disabilities ☐ PT ☐ OT

Other:

3. Special supplies required:

4. Special equipment required:

5. Environmental modifications required:

Special Needs rate exceptions are for a period of up to six months. A new evaluation will be required if needs continue.

RD Worker
