

DOCUMENTATION OF MEDICAL NEEDS AND EXCEPTIONAL CIRCUMSTANCES

Service Access Unit – Human Services
7120 Hurontario Street
PO Box 3600 RPO Streetsville
Mississauga, ON L5M 0T3
Fax: 905-450-5757

Service Access Unit – Human Services
10 Peel Centre Drive, Suite B
PO Box 2136, Station B
Brampton, ON L6T 0E3
Fax: 905-861-9079

MEDICAL FORM

Client ID:	Child's Name:
Patient's Name:	Child's Age:

Release by Patient: I hereby authorize my physician to release and clarify the following medical information to the Region of Peel Human Services Service Access Unit and I understand that such information is **confidentially** retained in my file.

Signature:	Date: (yyyy/mm/dd)
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IMPORTANT NOTE TO THE PHYSICIAN

Your patient has applied for child care fee subsidy due to a medical need and/or exceptional circumstance. The information that you provide will assist us in assessing that application and determining eligibility.

Please type and/or print your report

1. Does the patient have a substantial physical or mental impairment that is continuous or recurrent and preventing them from adequately (limited mobility, lack of energy, stamina, physical limitations such as working/lifting) caring for their children?
 Yes No

2. Please provide any additional information regarding how the patient's medical need/disability affects their ability to provide care for their child(ren).

Select the amount of child care that would be most appropriate to address the needs of this family:

Nursery/Preschool Program (2.5 hours per day)
 Half Day child care (6 hours per day)
 Full Day child care (up to 11 hours per day)
 Part time child care (2-3 full days per week)
 Part time child care (5 half days per week)

Indicate the Expected Length of Recovery

Long Term Medical need	Short Term Medical Need
<input type="checkbox"/> Over 12 months	<input type="checkbox"/> 1-3 Months
	<input type="checkbox"/> 4-6 Months
	<input type="checkbox"/> 7-12 Months

PLEASE PROVIDE DOCTORS STAMP

Physician's Signature:	
Date: (yyyy/mm/dd)	
Name:	
Address:	
Postal Code:	Phone Number:

Notice With Respect to the Collection of Personal Information

This information is being collected pursuant to the *Child Care and Early Years Act, 2014* and will be retained, used, disclosed and disposed of in accordance with all applicable municipal, federal and provincial laws and regulations governing the collection, retention, use, disclosure and disposal of information including the *Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c M. 56*. This information will be used to determine and verify initial & ongoing eligibility for Child Care Fee Subsidy and to administer the delivery of child care fee subsidy by Regional Municipality of Peel. Any questions regarding this collection may be directed to Supervisor, Early Years and Child Care Services, Region of Peel, 10 Peel Centre Drive, Suite B, P.O. Box 2136 STN B, Brampton, ON L6T 0E3, by mail or telephone at 905-791-1585