

Hamilton County Department of Job and Family Services  
Child Care Services

**Special Needs Verification Form**

Child's Name:	DOB:
Caretaker's Name:	
Address:	

**Important:** This verification, **if approved**, allows certified child care home providers to be paid at a higher rate. **To be eligible for help paying for child care services, families must meet current income guidelines and all caretakers must be employed or in approved school or training activity.**

The child does not function according to age appropriate expectations in one or more of the following areas of development: *(check all that apply)*

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Social/emotional | <input type="checkbox"/> Cognitive        | <input type="checkbox"/> Chronic Health Issues |
| <input type="checkbox"/> Communication    | <input type="checkbox"/> Perceptual-motor | <input type="checkbox"/> Behavioral            |
| <input type="checkbox"/> Physical         |   |  |

Please describe any area checked above \_\_\_\_\_  
\_\_\_\_\_

If the child is more than 12 years old, can the child independently care for herself/himself?

- No;    N/A;    Yes

What special services does the child receive or require as a result of their special need? (i.e., special adaptations, modified facilities, program adjustments or related services for the child to function in an adaptive manner)

\_\_\_\_\_  
\_\_\_\_\_

How long (approximately) will these conditions exist? \_\_\_\_\_

How long will it be necessary for child care to address these conditions? \_\_\_\_\_

Are you a licensed physician, psychologist or psychiatrist?       Yes    No

<b>Printed Name</b> of Physician, Psychologist or Psychiatrist:				<b>Physician's Stamp (required)</b>
<b>Signature</b> of Physician, Psychologist or Psychiatrist:			Date:	
Street Address:				
City:	State:	Zip:	Phone:	

**\*Notice:** The information on this form is time limited and will expire 12 months from the signature date of the physician, psychologist or psychiatrist.

☺    **The child's caretaker is responsible for sharing form copies with any child care providers.**