

To the referring agency – please fully complete and submit form to the Child Care Fee Subsidy program at:  
 Fax: 519-941-0271 or email: [childcarefeesubsidy@dufferincounty.ca](mailto:childcarefeesubsidy@dufferincounty.ca) or mail: 30 Centre Street, Orangeville ON L9W 2X1

<b>Parent Information:</b>	
Parent/Guardian 1 Name:	Parent/Guardian 2 Name:
<b>Child Information:</b> (List only children requiring subsidized child care)	
Child 1 Full Name:	Child 1 Date of Birth: (dd/mm/yyyy)
Child 2 Full Name:	Child 2 Date of Birth: (dd/mm/yyyy)
Child 3 Full Name:	Child 3 Date of Birth: (dd/mm/yyyy)
<b>Family Information:</b>	
Street Address:	City/Province:
Postal Code:	Telephone Number:

<b>Reason for Referral:</b>					
Child's Need (check all that apply)			Parental Need (check all that apply)		
Reason	Suspected	Confirmed	Reason	Suspected	Confirmed
At-Risk (abuse or neglect)			Mental Health		
Autism Spectrum			Family Crisis		
Developmental Delay			Physical Condition (requires assistance caring for child)		
Socialization Required			Other (please describe in notes)		
Speech & Language					
Other (please describe in notes)					
Notes about Reason for Referral					

<b>Support Plan</b>				
Number of Days Per Week Child Care is Recommended:				
1	2	3	4	5
Requested Start Date: <i>(dd/mm/yyyy)</i>			End Date (If Known): <i>(dd/mm/yyyy)</i>	
How will this referral support this family in their work with your agency?				
Additional Notes (if any)				

<b>Agency Information</b>		
Name of Referring Agency:		
Contact Person Name:	Telephone Number:	
Email Address:		
Have the parent(s)/guardian(s) indicated in this document completed a "consent to share information" form with your agency?	Yes	No
Have the parent(s)/guardian(s) indicated been provided with a Child Care Fee Subsidy Intake Form?	Yes	No
Signature of Person Completing Referral:	Date <i>(dd/mm/yyyy)</i> :	

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**Notice with Respect to the Collection of Personal Information**

The personal information collected on this form is collected under the authority of the Child Care & Early Years Act, 2014, and will be used for the purpose of determining eligibility for child care fee subsidy in the County of Dufferin. Specific questions relating to the Municipal Freedom of Information and Privacy Protection Act should be addressed to the County of Dufferin Clerk at 519-941-2816 ext. 2504