

**Child Care Inclusion
Change in Circumstance Form**

Section A – Applicant Information					
Name of service:					
Administrator(s):					
File ID Number:	200-				
Section B – Change in Circumstance Category (check all that apply)					
<input type="checkbox"/> Change in Rate of Pay/Wage		<input type="checkbox"/> Child Homeroom Change		<input type="checkbox"/> Identified child is no longer requiring Inclusion supports	
<input type="checkbox"/> Change in Hours		<input type="checkbox"/> Child added to existing support			

<input type="checkbox"/> Change in Rate of Pay/Wage – Amended Support Request Details, Service Agreement and FGR to be completed					
Case ID	Staff's Name:	Current Hourly Wage:	New Hourly Wage:	Reason for Change	Date Effective yyyy/mm/dd
				<input type="checkbox"/> New Step on ECE Wage Grid <input type="checkbox"/> New Wage Scale for Centre <input type="checkbox"/> Change in Inclusion Staff	

<input type="checkbox"/> Change in Hours – Amended SRD to be completed along with amended Provincial Request if more inclusion supports required					
Case ID	Staff's Name	Current # of weekly Hours	New # of Weekly Hours	Reason for Change	Date Effective yyyy/mm/dd
				<input type="checkbox"/> Less Inclusion Supports Required <input type="checkbox"/> More Inclusion Supports Required	

<input type="checkbox"/> Child Moving Homerooms – Case ID and Support Type remains the same					
Case ID	Type of Support in Place	Child Initials	Current Homeroom Number	New Homeroom Number	Date Effective yyyy/mm/dd
	<input type="checkbox"/> Consultative <input type="checkbox"/> Funded Space <input type="checkbox"/> Staffing Grant				

<input type="checkbox"/> Child Moving Homerooms – No support currently in place in new homeroom; additional support required (updated application; Provincial Request completed)					
Case ID	Type of Support Required	Child Initials	Current Homeroom Number	New Homeroom Number	Date Effective yyyy/mm/dd
	<input type="checkbox"/> Consultative <input type="checkbox"/> Funded Space <input type="checkbox"/> Staffing Grant				

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New Child being added to existing Support – Case ID remains the same – Consent form must be attached

Case ID	Type of Support in Place	Child Initials	New Homeroom (if applicable)	Was the child previously under inclusion in another HR?	Date Effective yyyy/mm/dd
	<input type="checkbox"/> Consultative <input type="checkbox"/> Funded Space <input type="checkbox"/> Staffing Grant			<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, previous Case ID: _____	

Identified child is no longer requiring Inclusion Supports – Case ID remains open for other children currently receiving support

Case ID	Type of Support in place	Child Initials no longer requiring support	Homeroom Number	Reason why Inclusion is no longer required	Date Effective yyyy/mm/dd
	<input type="checkbox"/> Consultative <input type="checkbox"/> Funded Space <input type="checkbox"/> Staffing Grant			<input type="checkbox"/> Child moving homerooms with support in place <input type="checkbox"/> Family no longer has child attending center <input type="checkbox"/> Child is attending school <input type="checkbox"/> Centre is unable to provide care for the child <input type="checkbox"/> IC has recommended child no longer requires Inclusion Support <input type="checkbox"/> Other _____	

Signatures:

I, the undersigned, do hereby certify that all of the information provided on this form, and supporting documentation, is accurate and true to the best of my knowledge.

I understand that this document will be used to support the **Child Care Inclusion Program Application** and is in no way considered an approval for funding.

Administrator Name (Print) _____ **Date YYYY/MM/DD** _____

Administrator Signature _____

Inclusion Consultant Name _____ **Date YYYY/MM/DD** _____

Inclusion Consultant Signature _____

***This form is to be completed by an ELCD Inclusion Consultant in consultation with the child care service.**