

Enhanced Support Worker program

Application Form 2017-2018 (September 2017 to March 2018)

Please ensure you have read the **Enhanced Support Worker program guidelines** and are aware of the 2017-2018 program changes. You must submit an application or confirmation of participation form each program year to be considered for this enhanced support worker funding.

New:

1. There are two forms from which to choose when applying for enhanced support worker funding:
 - If a child is already in the program and has a profile of 36 or higher on the 2016-2017 application form, complete the Confirmation of Participation Form 2017-2018.
 - If a child has not been in the program or has a profile of 35 or less on the 2016-2017 application form, complete this Application Form 2017-2018.
2. For this September, the application cycle will be for seven months, Sept. 1, 2017, to March 31, 2018. This is to align program financing with the Department of Education and Early Childhood Development and the Government of New Brunswick's fiscal budget.
3. A new application will be available in February for funding from April 1, 2018, to March 31, 2019.
4. Funding cannot be back-paid, and additional hours should not begin prior to notification of acceptance to this program.

Note:

1. There is limited funding for this program. When funds are depleted, a waiting list is established.
2. All items in all applicable sections must be completed for your request to be processed.
3. Please reference the Enhanced Support Worker guidelines to ensure a full understanding of the program.
4. A completed application is not a guarantee of funding.
5. Funding will be distributed according to relative need.

Section I – General information

Child's name for whom funding is being requested	First name	Last name
Confirmed diagnosis: <input type="checkbox"/> Yes <input type="checkbox"/> No	Nature of diagnosis:	
Age category of child (check only one): <input type="checkbox"/> Preschool <input type="checkbox"/> School aged	Child's birth date (mm/dd/yyyy):	
Childcare facility name:		
Support worker's name (if known):	First name	Last name
Facility administrator:	First name	Last name
Facility ID number:	Facility telephone number:	
Facility mailing address:		
Facility email address:		
Parent(s)/guardian(s) email address:		
School district in which the facility is located:		

Is this child receiving developmental childcare services recommended by a family and early childhood agency?		<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Is this child followed by the Department of Social Development, Family Supports for Children with Disabilities Unit?		<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Is this the first time you have applied for the Enhanced Support Worker funding for this child?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
If this child is preschool aged when is his or her anticipated school (kindergarten) start date?						
If this child is enrolled in school does he or she have an educational assistant (EA) while attending school?		<input type="checkbox"/> Yes	<input type="checkbox"/> No			
How many hours per week does the family require childcare services for this child at the childcare facility?			(Hours/week)			
Using the table below, indicate the days and the number of hours per day, that this child requires a support worker to meet this family's child day care needs?						
Mondays	Tuesdays	Wednesday	Thursdays	Fridays	Saturdays	Sundays
Hrs.	Hrs.	Hrs.	Hrs.	Hrs.	Hrs.	Hrs.

Please indicate any change in hours during December, March and/or the summer months.

Section II – Parent(s)/guardian information

Please check below what the primary reason is for applying to provide support worker time for this child. (Check only one)

- For a parent/guardian to work full-time.
- For a parent/guardian to work part-time.
- For a parent/guardian to attend school/training.
- For a parent/guardian to change from part-time to full time employment.
- Other (specify): _____

With whom does the child primarily live?

- Mother and father
- Mother only
- Father only
- Dual custody
- Guardian(s)
- Other (specify): _____

To be eligible parent(s)/guardian(s) must require childcare services to support their employment and/or educational needs. Please complete the **parental information** below regardless of with whom the child lives.

Parent/guardian 1 – Name:	First name		Last name								
Parent/guardian 1 – Address:											
Parent/guardian 1 – telephone number:											
email:											
Parent /Guardian 1 – Work status:	Days of the week (check ✓)						Hours of the day				
	M	T	W	Th	F	Sat	Sun	From	:	to	:
<input type="checkbox"/> Full time work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> Part-time work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> Attending school/training program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> Unemployed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Parent/guardian 2 – Name:	First name		Last name					
Parent /guardian 2 – Address:								
Parent /guardian 2 – Phone Number:			email:					
Parent /guardian 2 – Work status:	Days of the week (check ✓)						Hours of the day	
	M	T	W	Th	F	Sat	Sun	
<input type="checkbox"/> Full-time work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	From : to :
<input type="checkbox"/> Part-time work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	From : to :
<input type="checkbox"/> Attending school/training program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	From : to :
<input type="checkbox"/> Unemployed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	From : to :

Section III – Child’s information

Instructions: Please put a check (✓) in the box beside the statement that best describes the support that this child requires in each area listed. (Check only one box for each question below.) This application is to be completed through the collaboration of a childcare facility representative AND the parent(s)/guardian(s) of this child. (Other professionals may also assist in the completion of this section.)

Definition: “Age and developmental stage” refers to the assistance and/or supervision typically required for the age group of the child. Example: it is age and developmentally appropriate for an infant to require feeding by a caregiver. Therefore, if an infant requires assistance and/or supervision for feeding that is typical of his or her age and development then “No additional support required for the age and developmental stage of this child” should be checked.

1. Visual

Support required	Description
<input type="checkbox"/> None	No additional support required for the age and developmental stage of this child.
<input type="checkbox"/> Intermittent	Needs occasional support with vision difficulties.
<input type="checkbox"/> Moderate	Has difficulty with vision requiring minor environmental modifications or adaptations (e.g., use of large letters, bright colours).
<input type="checkbox"/> Intensive	Child is legally blind and modifications, adaptations support and assistance are required.

2. Auditory

Support required	Description
<input type="checkbox"/> None	No additional support required for the age and developmental stage of this child.
<input type="checkbox"/> Intermittent	Occasional support needed with modified communication assistance.
<input type="checkbox"/> Moderate	Regular support required with modified communication assistance and environmental modifications required (e.g., increased volume, increased visual communication).
<input type="checkbox"/> Intensive	Child is profoundly hard of hearing or deaf and modifications, adaptations and support and assistance are required.

3. Medical/health

Support required	Description
<input type="checkbox"/> None	No additional support required for the age and developmental stage of this child – no medical/health difficulties.
<input type="checkbox"/> Intermittent	Special dietary requirements, medications required.
<input type="checkbox"/> Moderate	Monitoring or administration of medication, diet, blood sugar, etc. during time in daycare (e.g., child with diabetes, controlled seizure disorders, breathing exercises).
<input type="checkbox"/> Intensive	Ongoing monitoring needed or care of life support systems (e.g., tube feeding, I.V., suctioning, uncontrolled seizure disorder).

4. Mobility

Support required	Description
<input type="checkbox"/> None	No additional support required for the age and developmental stage of this child.
<input type="checkbox"/> Intermittent	Not always independently mobile, needs some assistance (e.g., on stairs or outdoor play structures).
<input type="checkbox"/> Moderate	Crawls, walks with unsteady gait, uses crutches, uses wheelchair or walker independently, but requires on-going observation with regular assistance.
<input type="checkbox"/> Intensive	Dependent on mobility, modifications, adaptations, support and assistance are required.

5. Toileting

Support required	Description
<input type="checkbox"/> None	No additional support required for the age and developmental stage of this child.
<input type="checkbox"/> Intermittent	Occasional support and verbal reminders required.
<input type="checkbox"/> Moderate	Regular support through assistance in use of toilet.
<input type="checkbox"/> Intensive	Diapering of older child, catheterization, modifications and adaptations are required.

6. Dressing

Support required	Description
<input type="checkbox"/> None	No additional support required for the age and developmental stage of this child.
<input type="checkbox"/> Intermittent	Occasional support and verbal reminders are required.
<input type="checkbox"/> Moderate	Regular support through periodic or partial assistance.
<input type="checkbox"/> Intensive	Cannot dress self, support and assistance are required.

7. Eating

Support required	Description
<input type="checkbox"/> None	No additional support required for the age and developmental stage of this child.
<input type="checkbox"/> Intermittent	Occasional support required – verbal reminders and guidance.
<input type="checkbox"/> Moderate	Regular support – learning to eat, but needs assistance and monitoring.
<input type="checkbox"/> Intensive	Must be fed by caregiver, modifications, adaptations, support and assistance are required.

8. Independently Following Through

Support required	Description
<input type="checkbox"/> None	No additional support required for the age and developmental stage of this child.
<input type="checkbox"/> Intermittent	Occasional support required for independently following through and staying on-task.
<input type="checkbox"/> Moderate	Regular support – needs active guidance for independently following through and staying on-task.
<input type="checkbox"/> Intensive	Support and assistance are required for independently following through, keeping on-task and/or going from one task to another.

9. Activities

Support required	Description
<input type="checkbox"/> None	No additional support required for the age and developmental stage of this child.
<input type="checkbox"/> Intermittent	Occasional support required to make use of materials.
<input type="checkbox"/> Moderate	Regular support required through activity guidelines, some adaptation of materials.
<input type="checkbox"/> Intensive	Modifications, adaptations, support and assistance are required for repetitive exercises, fine and gross motor activities.

10. Self-Regulation

Support required	Description
<input type="checkbox"/> None	No additional support required for the age and developmental stage of this child.
<input type="checkbox"/> Intermittent	Occasional verbal reminders and guidance required for social behaviour.
<input type="checkbox"/> Moderate	Regular support and reminders required to maintain appropriate social behaviour.
<input type="checkbox"/> Intensive	Support and assistance are required to self-regulate and maintain appropriate social behaviour.

11. Activity Transition

Support required	Description
<input type="checkbox"/> None	No additional support required for the age and developmental stage of this child.
<input type="checkbox"/> Intermittent	Occasional support and verbal reminder required for moving from one activity to another.
<input type="checkbox"/> Moderate	Regular support required to assist with some behavioural reactions, takes longer to adjust to new activities.
<input type="checkbox"/> Intensive	Adaptations, support and assistance are required with activity transitions.

12. Social

Support required	Description
<input type="checkbox"/> None	No additional support required for the age and developmental stage of this child.
<input type="checkbox"/> Intermittent	Occasional support, verbal reminders and guidance required to be able to share and get along with others.
<input type="checkbox"/> Moderate	Regular support and intervention for turn-taking, sharing, withdrawn behaviour, aggression, but responds to limits set.
<input type="checkbox"/> Intensive	Adaptations, support and assistance are required in responding to limits, complying, moderating aggression to self or others, and isolation from other children.

13. Aggression

Support required	Description
<input type="checkbox"/> None	No additional support required for the age and developmental stage of this child.
<input type="checkbox"/> Intermittent	Occasional support required in regards to verbal outbursts, physical aggression to self/others.
<input type="checkbox"/> Moderate	Regular support required in regards to verbal outbursts, physical aggression to self/others.
<input type="checkbox"/> Intensive	Adaptations, support and assistance are required in regards to continuous demonstration of verbal outbursts and physical aggression to self/others.

14. Withdrawal

Support required	Description
<input type="checkbox"/> None	No additional support required for the age and developmental stage of this child.
<input type="checkbox"/> Intermittent	Occasional support and verbal guidance required to encourage play and engagement with others.
<input type="checkbox"/> Moderate	Regular support and encouragement as child demonstrates withdrawal behaviour.
<input type="checkbox"/> Intensive	Support, assistance and encouragement are required to ensure child who continuously isolates from other children is included.

15. Learning Skills

Support required	Description
<input type="checkbox"/> None	No additional support required for the age and developmental stage of this child.
<input type="checkbox"/> Intermittent	Occasional guidance required but demonstrates the ability to learn new skills.
<input type="checkbox"/> Moderate	Regular support and guidance required in learning new skills.
<input type="checkbox"/> Intensive	Support, guidance and encouragement are required to learn new skills, and retain new skills.

16. Problem-solving

Support required	Description
<input type="checkbox"/> None	No additional support required for the age and developmental stage of this child.
<input type="checkbox"/> Intermittent	Occasional guidance required but demonstrates the ability to problem solve independently.
<input type="checkbox"/> Moderate	Regular support and guidance required with problem solving independently.
<input type="checkbox"/> Intensive	Support, guidance and encouragement are required to problem solve independently.

17. Reasoning and comprehension

Support required	Description
<input type="checkbox"/> None	No additional support required for the age and developmental stage of this child.
<input type="checkbox"/> Intermittent	Occasional support required and demonstrates understanding when things are explained.
<input type="checkbox"/> Moderate	Regular support as appears to follow basic reasoning, but needs assistance to develop reasoning and comprehension.
<input type="checkbox"/> Intensive	Support, assistance and encouragement are required as does not appear to comprehend directives, and demonstrates low ability to reason.

18. Expressive Communication

Support required	Description
<input type="checkbox"/> None	No additional support required for the age and developmental stage of this child.
<input type="checkbox"/> Intermittent	Occasional support as appears to understand what is said and can follow directions, but immature use of language or articulation.
<input type="checkbox"/> Moderate	Regular support as appears to understand basic words and concepts, but needs active assistance to develop comprehension and expression.
<input type="checkbox"/> Intensive	Support, direct assistance and encouragement are required to communicate. Cannot express thoughts and feelings (severe expressive communication disorder).

19. Receptive Communication

Support required	Description
<input type="checkbox"/> None	No additional support required for the age and developmental stage of this child.
<input type="checkbox"/> Intermittent	Occasional support as appears to understand words and gestures and can follow simple directions.
<input type="checkbox"/> Moderate	Regular support as appears to understand basic words and concepts, but has some receptive skills, needs active assistance to develop comprehension.
<input type="checkbox"/> Intensive	Support, assistance and encouragement are required as does not appear to understand words and concepts. Has not developed a receptive understanding of words or gestures (severe receptive communication disorder).

Plan/strategies for the safety, health and inclusion of this child

Enhanced Support Worker funding is intended as a short-term measure to help implement strategies for including children with disabilities and additional needs. The following reflections/questions will help identify how this funding will support educators to better facilitate the inclusion of this child. (i.e., development of potential in all areas of growth and development)

20. Describe the health, safety and/or inclusion challenges for this child.

21. If this application is for renewal of Enhanced Support Worker program funding for a child, please describe this child's progress and how previous funding enhanced his or her development and inclusion within the program.

22. Document all support services involved with this child.

Type of support services	Name of agency or association	Contact person telephone number	Dates of involvement

23. What specific times and routines during the child's day are supports required? What plan do you have in place to help this child? The plan must include a description of the expected/intended goals and outcomes that will be achieved through the child's participation. It also should include a description of how you (and your educators) will work together with parent(s)/guardian(s) and community resources to develop and sustain a plan for the child.

24. Identify professional development you and your educators have received regarding inclusionary practices to support inclusion within this facility.

Type of professional development	Date of professional development	Number of educators involved	Position of educators

25. Please indicate how this Enhanced Support Worker funding will support staff to better support all children in this child's age group.

26. The Focus on Inclusion Program at the New Brunswick Association for Community Living helps to increase the capacity of Early Learning and Childcare educators, families and others working to support children with additional needs and/or a disability through on-site consultation and training (at no cost to the facility). Please indicate if you have participated in this program. Yes No

If yes, did it benefit your facility? If not, what were the challenges or barriers?

If you have not participated please indicate your willingness to participate in and be supported by this program. Yes No

Section IV – Certification by applicants

We, the undersigned, do hereby certify that all the information provided is true and complete to the best of our knowledge and belief.

Signature of childcare facility representative:	Print name:	Date (mm / dd / yyyy):
Signature of parent(s)/guardian(s):	Print name(s):	Date (mm / dd / yyyy):

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *New Brunswick Family Services Act*. Disclosure of personal information is subject to the provisions of the *New Brunswick Right to Information and the Protection of Privacy Act* and the *Personal Health Information Privacy and Access Act*.

Section V – Informed parental consent

In compliance with the *Right to Information and the Protection of Privacy Act* and the *Personal Health Information Privacy and Access Act*, the Department of Education and Early Childhood Development must obtain consent when disclosing any personal information about your child.

You have the option, as parent(s)/guardian(s), of withholding permission for the department to share this information about you or your child if you so wish.

Please indicate (by checkmark ✓) which information can be shared, with whom and under what circumstance.

✓	Information shared:	Provided to:	Reason:
	Parent(s)/guardian(s) name, and contact information; name and date of birth of child who is enrolled in the Enhanced Support Worker program or on the waiting list.	District Director of Early Childhood and/or an Early Childhood Services Coordinator.	To support your child's transition to school and/or to help address your child's needs in a childcare or if he or she is on the waiting list for the Enhanced Support Worker program.
	Parent(s)/guardian(s) name, and contact information; name and date of birth of child who is enrolled in the Enhanced Support Worker program or on the waiting list.	School district personnel, Educational Support Services team, principal of school your child will attend, teacher your child will have.	To support your child's transition to school.

Parent/guardian consent:

- I do hereby give consent to sharing specific personal information as indicated above.
- I do NOT give consent to share any of the above information.

Signature: _____ Date (mm/dd/yyyy): _____

<p>Once this application form is completed, mail, fax or scan it to</p>	<p>Program Consultant Department of Education and Early Childhood Development 250 King Street, Place 2000 PO Box 6000, Fredericton, NB E3B 9M9 Fax: 506 453-5629</p>
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If you have any questions, please contact the program consultant at the Department of Education and Early Childhood Development:

- Telephone: 506-453-2852
- Email ECSP-PSPE@gnb.ca