

Enhanced Support Worker program

Confirmation of Participation Form (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 funding.

New:

1. There are two forms to choose from when applying for funding:
 - If a child is already in the program and has a profile of 36 or higher on the 2016-2017 application form,, complete **this** Confirmation of Participation Form 2017-2018.
 - If a child has not been in the program or has a profile of 35 or lower on the 2016-2017 application form, complete the 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 the program financing with the Department of Education and Early Childhood Development and the Government of New Brunswicks 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:				

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		
Are there any changes in the number of hours per week the family requires 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 childcare needs?					
Mondays	Tuesdays	Wednesday	Thursdays	Fridays	
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)

- | | |
|---|---|
| <input type="checkbox"/> For a parent/guardian to work full-time.
<input type="checkbox"/> For a parent/guardian to work part-time.
<input type="checkbox"/> For a parent/guardian to attend school/training. | <input type="checkbox"/> For a parent/guardian to change from part-time to full time employment.
<input type="checkbox"/> Other (specify): _____ |
|---|---|

With whom does the child primarily live?

- | | |
|--|--|
| <input type="checkbox"/> Mother and father
<input type="checkbox"/> Mother only
<input type="checkbox"/> Father only | <input type="checkbox"/> Dual custody
<input type="checkbox"/> Guardian(s)
<input type="checkbox"/> 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				
<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	:

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	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"/>				

Section III – Child’s information

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)

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

2. Please describe this child’s progress and how previous funding enhanced the his or her development and inclusion within the program.

3. Document all support services involved with this child.

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

4. 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.

5. 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

6. Please indicate how this funding will continue to support educators to better support all children in this child’s age group.

7. The Focus on Inclusion Program at the New Brunswick Association for Community Living helps to increase the capacity of Early Learning and Child Care 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): _____

**Once this application form is completed,
mail, fax or scan it to**

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

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