



**County of Simcoe**  
**Social and Community Services**  
 Children & Community Services  
 Department  
 1110 Highway 26,  
 Midhurst, Ontario L9X 1N6  
 Main Line (705) 722-3132  
 Beeton Area (905) 729-4514  
 Fax (705) 725-9539  
 simcoe.ca

**Comté de Simcoe**  
**Services sociaux**  
**et communautaires**  
 Services à l'enfance  
 et à la communauté  
 1110, autoroute 26,  
 Midhurst, Ontario L9X 1N6  
 Ligne principale (705) 722-3132  
 Région de Beeton: (905) 729-4514  
 Télécopieur: (705) 725-9539



## RECOGNIZED NEED FOR CHILD CARE FEE SUBSIDY REFERRAL FROM A MEDICAL PROFESSIONAL

All referrals should be **given directly to the Parent/Guardian**. The Parent/Guardian should contact our office directly, to book an appointment for a fee subsidy eligibility assessment by calling:

County of Simcoe, Children and Community Services Department  
 Phone: (705) 722-3132 or (905) 729-4514  
 Press 2 to apply for Child Care Fee Subsidy

Provincial fee subsidy eligibility guidelines requires the County of Simcoe to document information pertaining to a parent's illness or disability where the illness or disability is the reason for needing child care.

### Application Information (please print)

Applicant's name: \_\_\_\_\_ Co-applicant's name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name of child(ren) requiring care:

Child(ren) date of birth day/month/year

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

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

I authorize the release of information and give permission to exchange information between the County of Simcoe Children and Community Services Department and this agency for the purpose of determining eligibility for child care fee subsidy.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Referring Medical Professional – must be Doctor, Psychiatrist, Nurse Practitioner or Physician Assistant (please print or use stamp)

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

1. Please describe the nature of the medical condition you are treating this patient for.

\_\_\_\_\_

2. Briefly describe the nature of treatment rendered or proposed.

\_\_\_\_\_

3. Is this patient physically capable of caring for a child?    **Yes**     **No**

4. Does this patient need complete bed rest?    **Yes**     **No**

**Referring Medical Professional – Continued**

**\*Please Note: The following question must be answered with a time frame or estimated time frame. If the applicant's condition has not improved by the time specified, a new Medical Referral will be required for Child Care Fee Subsidy to be extended.**

5. When do you expect sufficient improvement to take place in the mental or physical condition of this patient to allow this person to:

Return to their ability to care for child(ren) on a full time basis:  0-3 months  3-6 months  other (explain)

Return to their previous work or occupation:  0-3 months  3-6 months  other (explain)

Return to any other type of work or occupation:  0-3 months  3-6 months  other (explain)

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the above information is correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Children and Community Services Department Use Only**

**Approved / Not approved by:**

**Date:**

**Notes:**

**NOTICE WITH RESPECT TO THE COLLECTION OF PERSONAL INFORMATION**

(Municipal Freedom of Information and Protection of Privacy Act)

This information is collected under the legal authority of the MEDU and CCEYA or the Ontario Works Act, 1997 o. Reg. 134/98 for the purpose of administering Ontario Works, Children's Services Fee Subsidy or Simcoe County Family Home Child Care. If you have any questions concerning the

collection of this information, please contact:  
Corporation of the County of Simcoe,  
Children and Community Services Department  
Administration Centre MIDHURST, ON L9X 1N6  
(705) 722-3132 or (905) 729-4514 ext. 1141