



**childrenfirst**

*growing potential*

## Supporting Children with Additional Needs (SCAN) Program

### Exceptional Circumstances Application Form

To be completed ***in addition*** to the Individual Child Application Form

#### Service Details

Service Name:	
Contact Person:	Telephone:

#### Child Details

Family Name:		Given Names:			
Date of Birth:		<input type="checkbox"/> Male		<input type="checkbox"/> Female	
Days of Attendance	Monday	Tuesday	Wednesday	Thursday	Friday
	AM				
	PM				

**Start date for SCAN support** \_\_\_/\_\_\_/\_\_\_ (funding is limited to a maximum of two and a half days per week (15 hours) per child per service, and will be paid on a half day or full day basis)

#### Documents to be attached:

- Individual Child Application Form
- Signed copy of assessment/diagnosis
- Signed Parent Consent Form
- Service Profile Form (if not supplied previously or if details have changed)

**Exceptional Circumstances funding can only be used as a contribution towards the employment of a support worker (additional to licensing requirements)**

