



## Supporting Children with Additional Needs (SCAN) Program

### Assessment for Exceptional Circumstances Funding (To be completed by the SCAN Organisation)

#### Service Details

Service Name:	
Contact Person:	Telephone:

#### Child Details

Family Name:	Given Names:
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**When making a decision regarding an Exceptional Circumstances application please consider the following:**

Is the safety of the child and/or those nearby at risk?

Yes

No

Comments:
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The location of the service

Metropolitan

Rural

Isolated

Comments:
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Is the service provider's ability to access support limited?

Yes

No

Comments:

Does the service provider have the access to other funding sources?

Yes

No

Comments:

Other

Comments:

Is contact with the service provider (via phone or service visit) required?

Yes

No

Comments:

Application Approved?

Yes

No

**Completed by:**

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

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