



childrenfirst

growing potential

Supporting Children with Additional Needs (SCAN) Program

Continuation of Funding / Funding Adjustment Form

Service Details

Service Name:	
Contact Person:	Telephone:

Child Details

Family Name:		Given Names:			
Days of Attendance	Monday	Tuesday	Wednesday	Thursday	Friday
	AM				
	PM				

Funding Request

Please tick all relevant boxes

<input type="checkbox"/> Same as previously funded	To commence from ____ / ____ / ____
<input type="checkbox"/> Increase in attendance times	Change requested from ____ / ____ / ____
<input type="checkbox"/> Decrease in attendance times	Change requested from ____ / ____ / ____
<input type="checkbox"/> Requesting Exceptional Circumstances funding (please complete appropriate form)	Change requested from ____ / ____ / ____
<input type="checkbox"/> No Longer require Exceptional Circumstances funding	Change requested from ____ / ____ / ____
<input type="checkbox"/> Extended absence (greater than 5 weeks)	Absence date ____ / ____ / ____ to ____ / ____ / ____
<input type="checkbox"/> Child has left service	Last day of attendance ____ / ____ / ____
<input type="checkbox"/> Funding no longer required	from ____ / ____ / ____
<input type="checkbox"/> Child did not start at service	

