

Service/Health Provider Letter of Support Special Accommodations Grant (SAG)

SECTION 1: Contact Information

Service Provider First Name:		Service Provider Last Name:	
Job Title/Role:			
Phone #:	Email Address:		
Employers Name (if applicable):			
Address of Your Work Location:			
Town/City:	State:	Zip Code:	

SECTION 2: Support or Services Provided

Child Care Program Name:	Child's Initials:
Please tell us about the services/support you provide to the child named above.	
In your work with the child care program on behalf of this child, have you made recommendations to the child care program? If yes, of those recommendations, what has been implemented by the child care program and to what level?	
Please list any additional recommendations for the child named above in their child care setting to help support their inclusion and greater involvement within the program (i.e., Additional staffing, equipment, training, etc.).	

SECTION 3: Certification

By checking this box, you certify that the information provided on this form is true and accurate.

Service Provider's Signature:	Date:
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