

Special Accommodations Grant Application

Parent/Legal Guardian Authorization

Child's First Name:	Child's Last Name:	Child's Date of Birth:
Parent/Legal Guardian(s) Names:		
Child Care Program Applying for the Grant:		License #:

Special Accommodations Grants are available from the Child Development Division for children with specialized needs to support their safe and successful inclusion in a high- quality child care setting. This inclusion is intended to contribute to the overall well-being of children with special needs and their families. Funds for Special Accommodations Grants are discretionary and limited. Decisions regarding partial or full funding of grant requests are the sole responsibility of the Child Development Division (CDD). Applications for Special Accommodations Grant Funds specific to an individual child should be completed in collaboration with the team primarily serving the child and the child's family, with the permission and partnership of the child's parent/legal guardian(s).

The Children's Integrated Services (CIS) Team is a multidisciplinary team that provides early childhood expertise and support services for pregnant/ postpartum people, children birth to 6 years, their families, and child care professionals. The team is made up of professionals that provide services in the following areas: Early Intervention, Early Childhood and Family Mental Health, Specialized Child Care, and Strong Families Vermont Home Visiting.

I give my permission for the CIS Team members and the following health and service providers (check all that apply):

- Primary Healthcare Provider: _____
- Children with Special Health Needs Worker: _____
- Child Development Clinic: _____
- Child Care Provider: _____
- Child Care Community Support Agency Staff: _____
- Public School (Lead Education Agency) Staff: _____
- Professional Consultants to Assist the Team with its Provisions of Services: _____
- Nursing: _____
- Other: _____

To communicate with and disclose to one another and the State the following information (check all that apply):

- Screening, assessment and/or evaluation records
- The CIS One Plan for my child and/or my family
- Records pertaining to support services checked above
- My child's Individual Education Plan (IEP) or other plan for services (explain):

The purpose(s) of the disclosures authorized is (check all that apply):

- To be used in the determination of a Special Accommodations Grant application submitted by my child's child care provider.
- To support the child care program in making accommodations for my child's inclusion

I also give my permission for Children's Integrated Services Program team to record the above information for the purposes of collecting data and for the administration of the CIS Special Accommodations Grant program.

By signing this form, I understand:

- The reason(s) I am being asked to release information.
- I do not have to agree to the release of information. However, by not giving authorization, my child's child care program will not be able to apply for a Special Accommodations Grant on behalf of my child.
- If I choose not to sign this form any benefits for which I or my child and family are entitled will not be affected.
- While the AHS takes every precaution to protect my health information, once it is disclosed pursuant to this authorization, it may be subject to re-disclosure.
- I may revoke this authorization at any time by contacting _____ (name) at _____ (address), except to the extent that it has been acted upon.
- If I do not revoke or update this authorization, it will be in effect as long as I am receiving CIS services.
- I will be provided a copy of this form.

Parent/Legal Guardian's Signature:	Relationship to Child:	Date:
Person Explaining Authorization Process:	Organization/Position:	Date: