

TITLE: FEE SUBSIDY – ILLNESS OF PARENT	SECTION: CHILD CARE SERVICES
DATE: September 28, 2001	POLICY NO.: KDSB-CCS-IV- 04
APPROVED BY: Resolution No. 2001-80	REVISED: Resolution No. 2007-19 Resolution No. 2009-37

PURPOSE:

To outline the process to follow when a parent becomes ill and still requires child care services.

POLICY :

Child Care subsidy is available for parents who are working, attending school, participating in Ontario Works, who have a referral from a social agency, or when it has been determined by a third party, including Ontario Works, that it is in the best interests of the child to attend child care.

PROCEDURE:

1. If a parent has been approved to receive child care subsidy and due to medical reasons (injury/surgery/illness/treatment etc.) is at home, but requires child care, a completed medical information form by the parent's physician is required. The parent is to contact the Kenora District Services Board office immediately to obtain the necessary form. This form is to be completed and submitted to the KDSB office not later than two weeks after the parent's last day of work/school.
2. A maximum of three (3) months will be allowed for subsidized child care due to medical reasons and if more time is required another medical information form will need to be completed by the physician.
3. If the medical information form incurs any cost, it will be the responsibility of the parent to pay this cost.
4. The amount of child care the parent will receive will depend on the support required by the family and verified by the physician. The maximum of five days per week will be allowed; however, if previously approved for part time care and the parent required more care due to his/her medical restrictions; the child/ren will be allowed the additional care depending on the availability of space at the day care centre. If for reasons the day care centre is unable to provide the additional care, arrangement at another centre may be an option for the parent.
5. Upon returning to work/school, the parent is to submit written verification to the KDSB office from the employer/school stating the return date.
6. If the situation arises, and the parent who has been on a long-term disability and is confirmed by the physician that he/she will not be returning to work (no longer employable), the parent may request written documentation from a medical or other relevant professional that he/she is unable to care for his/her child because of the illness or disability (if there is another parent, he/she is engaged in approved activities) and still be eligible for subsidized care. The parent will be given two (2) weeks notice to provide such documentation or remove their child from care. The child care centres will also be given notice.
7. If a parent does not require child care during the time he/she is at home due to medical reasons, but intends to return to work/school within a period of six months from the date of leaving the child care system, the file will remain pending until verification indicating the specific date of return is received. Once the date of return is verified the child/ren's name will be place on the waiting list. Generally speaking, if a parent indicates that their child will return to child care at a specific time in the future there would not be a break in service and would continue to be grandparented under the needs/income testing system.

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8. For parents whose children are on the waiting list and who are unable to work/attend school etc. due to medical reasons (injury/surgery/illness/treatment/etc.) and are granted a child care space, the provisions outlined in section 6 will apply with respect to eligibility and documentation.
9. Child care fee subsidies may be provided where children have special or social needs, even if their parents do not have recognized needs themselves. DSSAB's have discretion to determine the appropriate amount of subsidized child care for children with special or social needs. The child's best interests should play a primary role in these decisions, but if the parent also has recognized needs, the parent's circumstances should also be taken into consideration.

MEDICAL INFORMATION FORM

- To be completed by the parent's physician and submitted to the Kenora District Services Board office no later than two weeks after the injury, surgery, illness, etc. occurred.
- Original form to be submitted to the office
- To be reviewed monthly or more often if needed.
- Copy of the medical information form is to be placed in the parent's file and indicate the expected return to work.

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MEDICAL INFORMATION FORM

To be completed and submitted to the Ontario Works office no later than:

_____.

TO: _____ (Physician's Name)

I, _____ (Recipient's name) authorize and direct you to release to the Kenora District Services Board, Children Services, the information requested below.

Dated at _____, this _____ day of _____, 200__.

(Recipient Signature)

Patient's Name: _____

Address: _____

_____ Postal Code

Phone: _____

1. Is this person a regular patient of yours? Yes _____ No _____

2. Significant/relevant conditions and diagnoses for which this patient has been treated.

3. Briefly describe nature of treatment rendered or proposed (include place and date of relevant hospitalization).

4. What is your prognosis for your patient's condition?

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5. In your opinion, do any of these conditions limit/restrict this patient from caring for his/her child/ren? Yes _____ No _____

If yes, please complete type of Child Care needed:

Full Days (6+ hours)/Full Time (5 days/week) _____
Part Days (less than 6 hours)/Full Time (5 days/week) _____
Part Days (less than 6 hours)/Part Time (less than 5 days/week) _____

6. Do you expect sufficient improvement to take place in the mental or physical condition of this patient to allow him/her to:

- a) return to his/her previous work or occupation? Yes _____ No _____

If yes, when? _____
Full or part-time (hours/day) _____

- b) return to any other type of work or occupation? Yes _____ No _____

If yes, when? _____
Full or part-time (hours/day) _____

Nature of work _____

Signature of Attending Physician _____

Name of Physician: _____

Address: _____

Date: _____

Notice with Respect to the Collection of Personal Information
(Freedom of Information and Protection of Privacy Act)
(Municipal Freedom of Information and Protection of Privacy Act)

This information is collected under the legal authority of the *Family Benefits Act*, R.S.O. 1990, C.F.2, or the *General Welfare Assistance Act*, R.S.O. 1990, C.G.6, the *Ministry of Health Act*, Section 6(2) and the *Ontario Drug Benefit Act*, 1986. The information will be used for the purpose of:

- Administering the Ontario Government Income Maintenance Program. For more information contact you nearest Municipal or Community and Social Services office.
- Administering payment of prescription drug claims and conducting drug use review for the Ontario Drug Benefit Program. For more information contact:

Director, Drug Programs Branch, 6th Floor, 7 Overlea Boulevard, Toronto, ON M4H 1A8
Telephone: (416) 327-8109