

A.C.C.E.S.S.
A Child Care & Education Services System
Child Care Subsidy Programs

☐ 1850 Wardrobe Avenue
Merced, CA 95341
(209) 381-6790
FAX (209) 381-6799

☐ 110 West G St., Suite C
Los Banos, CA 93635
(209) 827-5694
FAX (209) 827-5693

DOCUMENTATION OF A CHILD'S EXCEPTIONAL NEED
REQUIRING SPECIAL ATTENTION OF AN ADULT IN A CHILD CARE SETTING

I authorize the Merced County Office of Education/A.C.C.E.S.S. to request information from a legally qualified professional verifying my child's exceptional needs.

Name of Child: _____

Birth Date of Child: _____

Parent Name: _____

Parent Name: _____

Parent Signature: _____

Parent Signature: _____

Date: _____

Date: _____

Dear Legally Qualified Professional:

In order for the child listed above to be eligible to receive subsidized child care services as a child with exceptional needs (pursuant to Section 56026 of the Education Code), the California Department of Education (Title 5 Regulations, Section 18089) requires a statement signed by a legally qualified professional that the child requires the special attention of adults in a child care setting. Parents of the child have authorized us to contact you for such verification. Please complete the information below and return this form by _____ (date) to the address checked above – see header.

Family Specialist: _____ **Phone:** _____ **Date:** _____

Statement of Child's Exceptional Need Requiring Special Attention of an Adult in a Child Care Setting:

This child's exceptional need is: _____ (e.g. mentally retarded, hard of hearing, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically disturbed, orthopedically impaired, deaf, blind, autism, specific learning disability.)

a. Would you consider that this child has a severe disability? **YES** **NO**

b. Does this child have an active Individualized Education Plan (IEP)
or an Individual Family Service Plan (IFSP)? **YES** **NO**

Give detailed verification why this child is physically or mentally not capable of self-care: _____

Number of hours child care is needed each day: _____

I state that the child listed above requires the special attention of adults in a child care setting because the child is not capable of self-care.

Signature of Legally Qualified Professional

Professional License Number (Required)

Typed/Printed Name of Legally Qualified Professional

Date

Address

(_____) _____

Phone Number



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DOCUMENTACION DE NECESIDAD EXCEPCIONAL DE UN NIÑO
SOLICITANDO CUIDADO INFANTIL ESPECIAL DE UN ADULTO

Yo autorizo a la Oficina de Educacion del Condado de Merced/A.C.C.E.S.S. para solicitar información de un profesional con formación jurídica legal para verificar las necesidades excepcionales de mi hijo.

Nombre del Niño: _____

Fecha de Nacimiento del Niño: _____

Nombre del Padre: _____

Nombre del Padre: _____

Firma del Padre: _____

Firma del Padre: _____

Fecha: _____

Fecha: _____

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a. Would you consider that this child has a severe disability? YES NO

b. Does this child have an active Individualized Education Plan (IEP) or an Individual Family Service Plan (IFSP)? YES NO

Give detailed verification why this child is physically or mentally not capable of self-care: _____

Number of hours child care is needed each day: _____

I state that the child listed above requires the special attention of adults in a child care setting because the child is not capable of self-care.

Signature of Legally Qualified Professional

Professional License Number (Required)

Typed/Printed Name of Legally Qualified Professional

Date

Address

(_____) _____
Phone Number

