

Ohio Department of Job and Family Services
REQUEST FOR PAYMENT RATE FOR SPECIAL NEEDS CHILD CARE

- New request
- Renewal (special needs rates are valid for one year from date of approval)

	Date
Section I: General Information	
Provider Name	Provider Number
Provider Address	County
Provider Email	Provider Phone Number
Caretaker Name	Case Number
Caretaker Address	County
Child Name	Child Date of Birth

Section II: Special Needs Criteria (Caretaker Completes This Section)

What special needs does your child have? *(include diagnosis, conditions, behaviors or other information specific to the child's needs)*

Does your child have a diagnosis or condition identified by a physician or medical provider? *(If yes, submit supporting documentation from the physician, special educator or other licensed professional)*
 Yes No

Does your child have one of the following? **It may be used as supporting documentation of the diagnosis and need for adjustment to care** *(Please check all that apply and include a copy with this request)*

- Individualized Family Service Plan (IFSP) from Birth to 3
- Individualized Education Program (IEP) from a school district
- 504 plan (child has an alternative plan in place to provide some assistance to participate fully in school)
- Other plan *(please describe)*

Does your child have a signed JFS 01236 Child Medical/Physical Care Plan for Child Care on file with the child care provider? No Yes *(Provide a current copy)*

Signature of Caretaker	Date
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Section III: Provider Rationale (Child Care Provider Completes This Section)

The provider must describe the rationale for the increased payment.

- The child's delays/conditions affect the development of the child, and our program must (check all that apply):
 - Provide special adaptations
 - Modify the facility
 - Adjust programs or services on a regular basis

Provide the details on how you are implementing the above:

- What are the child's additional needs for care that are not accounted for in the regular reimbursement rate?
(i.e. explanation or list of additional expenses, what adjustments to care or programming are being made)

Signature of Provider

Date

Complete and submit to this form and all documentation to: SpecialNeedsChildcare@jfs.ohio.gov