



Noah's
EVERY CHILD. EVERY OPPORTUNITY.

APPLICATION FOR DAYCARE PROGRAM

Section One - Details of Child and Family

1.1 Child's Surname:

1.2 Given Name/s:

1.3 Child's Date of Birth:

1.4 Male / Female (please circle)

1.5 ATSI/CALD (please circle)

Please give a brief description of the child (eg age, background, type of disability/
condition etc):

.....
.....
.....
.....

Details of Parent/Guardian

1.5 Surname:

1.6 Given Name/s:

1.7 Relationship to Child:

1.8 Address:

1.9 Telephone Number (home):

1.10 Telephone Number (work):

1.11 Email:

Noah's Ark Centre of Shoalhaven Inc

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www.noahs.org.au

Section Two - Details of Identified Child Care Service

- 2.1 Name of Service:
- 2.2 Address:
- 2.3 Telephone Number: Fax:
- 2.4 Email:
- 2.5 Name of Co-ordinator/Director:
- 2.6 Is the child already attending this service?:
- 2.7 Identified worker for child:

Section Three - Type of Support Requested

- 3.1 Proposed date of commencement of care:
- 3.2 Number of hours of support required:
- 3.3 Is the child receiving DET (ISP) funding? YES (No. of hours) /NO
- 3.4 Is the child receiving PDSP funding? YES (Level of funding) /NO
- 3.5 Is the child receiving ISS funding? YES (No. of hours) /NO
- 3.6 If yes, indicate number of additional support hours required:

Hours per day	Monday	Tuesday	Wednesday	Thursday	Friday	Total
Proposed Attendance						
Carer Support Requested (DCP only)						

Section Four - Equipment, Resources and Training

Please list equipment required and estimated costs in priority order. Only specify items which are essential for inclusion into child care and which cannot be accessed from other services.

- 1. \$
- 2. \$

Please list any training which staff may require (ie topic and how many staff)

1.

2.

Signatures:

Noah's Shoalhaven Representative:

Parent:

Children's Community Team Representative:

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* Priority Number:

* Referred by (team):

(therapist/case manager):

* Dates of projected three monthly review:

Meeting 1. 2. 3. 4.

(These meetings need to involve the case manager, primary carer, daycare worker and representative from Day Program Team - to be reviewed).

* Level of worker required for child:

* Hourly rate of worker:

* Hours able to offer child:

* Projected budget for child

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
Wages				
Training				
Equipment				
Total				