NEED EXTRA SUPPORT FOR CHILDREN WITH SPECIAL NEEDS & AUTISM?

Financial Support & Classroom Support – All in One

Does your child have a disability, is on the autism spectrum, or needs extra support?
There may be additional help available to support your child in our program.

What is Child Care Services (CCS)?

CCS is a Texas program that can:

- Help eligible families pay for child care so parents can **work**, **go to school**, or **attend job training**.
- Sometimes continue support **up to age 19** for children with disabilities.

You may have heard it called a **"childcare scholarship."** It was also formerly called *Neighborhood Centers Incorporated (NCI)*.

What is the Inclusion Assistance Rate?

For children with disabilities, CCS can sometimes pay your child's provider at a **higher rate (up to about 190% of the normal rate)** to help cover the cost of:

- Extra staff support or 1:1 assistance
- Adaptive or sensory equipment
- Specialized materials, training, or accommodations

This DOES NOT raise your CCS parent copay

How Do We Get Inclusion Support?

Step 1: Talk with Us
Tell us about your child's needs (diagnosis, behavior, sensory needs, mobility, communication, etc.). We'll look at how we can support them in the classroom

Step 2: Get the Form Completed (CC-2419)
A **qualified professional** (such as a doctor, therapist, school evaluator, or other specialist) must complete the **Certification for Inclusion Assistance Rate Form - CC-2419** to document your child's needs.

Step 3: Submission & Review
Parents are to email the 2419 and the diagnosis paperwork to **inclusion@wrksolutions.net**. They review the request and decide if your child qualifies for the **Inclusion Assistance Rate**.

Please Note: *The inclusion process can only be initiated by parents. Workforce Solutions does not accept applications from providers. There is no number to contact a direct person.*

How Do You Apply for CCS?

<u>You can start the CCS Application online through:</u>

Texas Child Care Connection (TX3C) - Parent Portal
- Visit: **Texas Child Care Connection for Families at childcare.twc.texas.gov/find** *(look for the option to **log in or create an account**)*.

There you can:
- Apply for a childcare scholarship (CCS)
- Join the waitlist (if your area has one)
- Manage your CCS information online

Questions? Tell a member of management: "I need help with CCS Inclusion for my child," and we'll get the information you need!

The Cartwright School
1647 Cartwright Road, Missouri City, Texas 77489
P: (281)437-6300 | E: tcschool1647@gmail.com

CERTIFICATION FOR INCLUSION ASSISTANCE RATE

Local Workforce Development Board:_Gulf Coast Workforce Solutions_____

SECTION I: Identifying Information–to be completed by parent/guardian

Child's Name		**Chronological Age: Years Months**	
Parents' Names			
Home Address: Street	**City**	**Zip**	**County**
Daytime Telephone Number		**Evening Telephone Number**	

To be eligible for the inclusion assistance rate, the child must be receiving or participating in one of the following (check all that apply):

___Supplemental Security Income (SSI) benefits
___Social Security Disability Insurance (SSDI) benefits
___Early Childhood Intervention (ECI) services*
___An Early Head Start or Head Start program that identifies the child as having a disability
___Public school special education services—including preschool programs for children with disabilities (PPCD)*

*Please submit an Individualized Education Plan (IEP) or an Individualized Family Service Plan (IFSP).

PARENT AUTHORIZATION FOR ADDITIONAL INFORMATION OR RECORDS

I do hereby authorize, with Gulf Coast Workforce Solutions, (Name of person or organization) having information or records concerning my child, to furnish such information to a representative of the Workforce Solutions Office child care contractor.

Name of Representative:_Gulf Coast Children with Disabilities Mentor:
_____

Office Address: *3555 Timmons Lane Houston Ste 120, TX 77027*

I also grant permission to the Board's designated qualified professional to observe my child at the child care facility and to obtain information that may have a bearing on the education and development of my child.

Parent Signature **Date**

This form aids in assessing the child's need for adult assistance in the child care facility. The information provided will establish a framework for meeting the child's individual needs in a child care environment. Your information about assistance will help to determine if additional funding may be provided.

SECTION II: Child's Needs–to be completed by parent/guardian

NOTE: Adult assistance is defined as additional, direct caregiver support to children who have developmental needs atypical for their chronological age. The purpose of this support is to enable children with disabilities to participate more fully in daily child care activities. **Check whether or not the child needs adult assistance in each of the following assistance areas:**	**NEEDS ADULT ASSISTANCE**	
	Yes	**No**
1. Dressing/Undressing		
2. Personal Hygiene		
3. Eating (adaptive eating utensils or special procedures)		
4. Toileting		
5. Safety (danger to self, peers, or staff)		
6. Adaptive Equipment Management (needs and/or use)		
7. Medical and/or Behavioral Procedures (needs and/or use)		
8. Other Programming Areas of Need (specify):		

If you have indicated that this child needs adult assistance in one or more of the areas listed above, please describe the assistance needed and indicate how often you feel it is needed:

AREA OF ASSISTANCE	DESCRIPTION OF ASSISTANCE NEEDED	HOW OFTEN NEEDED	LEAVE BLANK FOR OFFICE ONLY
1. Dressing/ Undressing			
2. Personal Hygiene			
3. Eating			
4. Toileting			

AREA OF ASSISTANCE	DESCRIPTION OF ASSISTANCE NEEDED	HOW OFTEN NEEDED	LEAVE BLANK FOR OFFICE ONLY
5. Safety			
6. Adaptive Equipment			
7. Medical and/or Behavioral			
8. Other			

SECTION III: Child Care Plan–to be completed by child care provider

Facility Name		Child Care Licensing Provider Number	
Facility Address: Street	City	Zip	County
Provider Telephone Number		Customer Number	

The plan must address the child's stated needs, including any special equipment required. State the adaptations you will make to enable this child to have access to and participate in program activities:

_____
_____
_____
_____
_____
_____

State your plan for adjusting your staff ratios in order to meet this child's needs:-

_____
_____
_____
_____
_____
_____

Have you written part of this plan on an extra page? ____Yes ____No

I have reviewed this child's special needs with the parent and completed a plan for meeting these needs and agree to:

- follow the plan;
- review the plan and update it at least once a year;
- maintain compliance with licensing requirements;
- have every staff person caring for this child instructed in meeting this child's special needs;
- document that onsite consultation and resource materials have been provided by a qualified professional regarding the nature of the child's disability and the child care plan;
- have the director and at least one of this child's direct care staff trained in special needs within six months; and
- have training certificates available for child care contractor review.

_____

Parent Signature **Date**

_____

Child Care Provider Signature **Date**

Send form to the child care contractor immediately. You will be notified of the approval or disapproval of this request. Approval times may vary.

SECTION IV: Authorization–to be completed by Local Workforce Development Board's designated professional

Designated Professional's Name
Office Address 3555 Timmons Lane Ste. 120 Houston, TX 77027

___Current First Aid Training not met (40 TAC §746.1315).

___Current CPR Training not met (40 TAC §746.1315).

___Child Care Plan (Section III above) incomplete or inadequate.

___Adult assistance is required.

___Adult assistance is not required.

___Training to meet child's needs is required.

___Adaptive equipment is required.

___Adaptive equipment is not required.

___Minor renovation is required.

___Minor renovation is not required.

Inclusion assistance rate is authorized. ___Yes ___No

Percent of Rate Increase: _____ Expected Duration of Inclusion Rate (months):_____

If inclusion assistance rate is not authorized, please explain why:

_____
_____
_____
_____
_____
_____

_____ _____
Signature **Date**