

Child Care Assistance Special Needs Documentation

Worker:

Case Name:

KT

Date:

I give my permission to release information concerning the special needs of _____ to the Department of Human Service.

Signature of parent or guardian	Date
---------------------------------	------

To be completed by a medical professional:

In my professional opinion the child names above meets the definition of a special needs child according to the Child Care Assistance requirements in the state of Iowa due to the following condition:

- Medically diagnosed disability that substantially limits one or more major life activities or requires professional treatment, assistance in self-care, or the purchase of special equipment.
- A condition that impairs the child's intellectual and social functioning diagnosed by a qualified mental retardation professional.
- Behavioral or emotional disorder characterized by situationally inappropriate behavior that deviates substantially from behavior appropriate for the child's age and interferes significantly with the child's intellectual, social, or personal adjustment.

Diagnosis (include axis for psychiatric conditions)

Signature		Title	
Specialist, Agency, or Provider Name (Please Print)			
Address			
City	State	Zip	Phone Number