



State of Utah
Department of Workforce Services
REQUEST FOR SPECIAL NEEDS CHILD CARE

Case #:

Please use a black pen to complete form

Child's Name: _____ Child's Date of Birth: _____
 Parent's Name: _____ Phone #: _____
 Child's School or other placement (if applicable): _____
 Address: _____

Street Address

City

State

Zip Code

1) While in a child care setting, does the child need:(check all which apply)

- ☐ Assistance with basic movements, including but not limited to the following: standing, sitting, standing up, sitting down, moving up and/or down stairs, walking, etc.
 - ☐ Assistance with toileting (*outside of age-appropriate abilities*).
 - ☐ Use of a feeding tube.
 - ☐ Assistance with eating, and/or drinking (*outside of age-appropriate abilities*).
 - ☐ Administration of medications during child care hours, which requires the provider to have specialized procedures/training.
 - ☐ Use of special medical equipment while in child care.
 - ☐ Intensive supervision, which requires additional staff or specialized training.
 - ☐ Assistance due to limited vision and/or hard of hearing, including being blind, deaf or nonverbal (*outside of age-appropriate abilities*).
 - ☐ Other (please explain):

2) Date the child's condition which requires special care or provisions began: _____

3) Is the child's condition permanent and expected to continue through their 18th birthday? Yes or No

Signature

Date _____

Printed Name

Title

Name of Agency

Work Phone Number

☐ Licensed Medical Physician ☐ Licensed or Certified Psychologist/Mental Health Professional
☐ Advanced Practice Registered Nurse ☐ Baby Watch Early Intervention Program
☐ Division of Services for People with Disabilities ☐ Physician's Assistant
☐ Local School representative (for students with an Individualized Education Program (IEP) plan)

Auxiliary aids and services are available upon request to individuals with disabilities by calling 801-526-9240. Individuals who are deaf, hard of hearing, or have speech impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.