



Supporting Children with Additional Needs (SCAN) Program

Exceptional Circumstances Application Form

To be completed **in addition** to the Individual Child Application Form

Service Details

| | |
|-----------------|------------|
| Service Name: | |
| Contact Person: | Telephone: |

Child Details

| Family Name: | | Given Names: | | | |
|--------------------|--------|-------------------------------|-----------|---------------------------------|--------|
| Date of Birth: | | <input type="checkbox"/> Male | | <input type="checkbox"/> Female | |
| Days of Attendance | Monday | Tuesday | Wednesday | Thursday | Friday |
| | AM | | | | |
| | PM | | | | |

Start date for SCAN support ____/____/____ (funding is limited to a maximum of two and a half days per week (15 hours) per child per service, and will be paid on a half day or full day basis)

Documents to be attached:

- Individual Child Application Form
- Signed copy of assessment/diagnosis
- Signed Parent/Guardian Consent Form
- Service Profile Form (if not supplied previously or if details have changed)

