



Supporting Children with Additional Needs (SCAN) Program

Assessment for Exceptional Circumstances Funding (To be completed by the SCAN Organisation)

Service Details

Service Name:	
Contact Person:	Telephone:

Child Details

Family Name:	Given Names:
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When making a decision regarding an Exceptional Circumstances application please consider the following:

Is the safety of the child and/or those nearby at risk?

Yes

No

Comments:

The location of the service

Metropolitan

Rural

Isolated

Comments:

Is the service provider's ability to access support limited?

Yes

No

Comments:

Does the service provider have the access to other funding sources?

Yes

No

Comments:

Other

Comments:

Is contact with the service provider (via phone or service visit) required?

Yes

No

Comments:

Application Approved?

Yes

No

Completed by:

Name: _____ Position: _____

Signature: _____ Date: _____