


**Illawarra  
 Children's Services**

## Supporting Children with Additional Needs (SCAN) Program

### Short Term Funding 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				

Short Term Funding is limited to a maximum of ten weeks funding.

Start and End date for SCAN support \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>Reason for Short Term Application</b>	
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Please detail the child's strengths and interests, and nature of additional needs:

Strengths	
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Interests	
Needs	

Childs Name: \_\_\_\_\_

**Funding for individual applications will be determined by the need for adjustments in each of the following areas of your service to assist the child to access the program. Please refer to *Section Three* of the guidelines when completing this component of the application**

Social Environment	
Staffing	
Programming	
Needs of other children	
Physical Environment	

**Please outline how SCAN funds will be spent**

- Employment of support worker (additional to licensing requirements)
- Purchase of specific equipment / resources or specialised aids relevant to the child's need
- Staff training in addition to that provided from the SCAN Organisation
- External professional support for staff

**Documents to be attached:**

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

**I certify that the information provided in this application is true and accurate**

Authorised Supervisors Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_