



Supporting Children with Additional Needs (SCAN) Program

Continuation of Funding / Funding Adjustment Form

Service Details

Service Name:	
Contact Person:	Telephone:

Child Details

Family Name:		Given Names:				
Days of Attendance	Monday	Tuesday	Wednesday	Thursday	Friday	
	AM					
	PM					

Funding Request

Please tick all relevant boxes

<input type="checkbox"/> Same as previously funded	To commence from ____/____/____
<input type="checkbox"/> Increase in attendance times	Change requested from ____/____/____
<input type="checkbox"/> Decrease in attendance times	Change requested from ____/____/____
<input type="checkbox"/> Requesting Exceptional Circumstances funding (please complete appropriate form)	Change requested from ____/____/____
<input type="checkbox"/> No Longer require Exceptional Circumstances funding	Change requested from ____/____/____
<input type="checkbox"/> Extended absence (greater than 5 weeks)	Absence date ____/____/____ to ____/____/____
<input type="checkbox"/> Child has left service	Last day of attendance ____/____/____
<input type="checkbox"/> Funding no longer required	from ____/____/____
<input type="checkbox"/> Child did not start at service	

I certify that the information provided is true and accurate

Authorised Supervisors Name: _____

Signature: _____ Date: _____

Childs Name: _____

Please outline the child's strengths and progress for the previous funding period:

Detail ongoing adjustments necessary for this child's inclusion.

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 **updated** assessments (if available)

Service profile form (if not supplied previously or if details have changed)

I certify that the information provided is true and accurate

Authorised Supervisors Name: _____

Signature: _____ Date: _____