



## SPECIAL NEEDS APPLICATION

All sections must be filled in or the application will be considered incomplete.  
Families utilizing this form must be eligible for subsidized child care.

Please return application and supporting documents to:  
NY ECPDI, Attn.: Special Needs Review Unit, P.O. Box 24988, Brooklyn NY 11202

### SECTION 1: TO BE COMPLETED BY PARENT

Check one:  New Request  Renewal  Change of Provider

#### PARENT INFORMATION

Parent/Caretaker's Name (please print): \_\_\_\_\_

Primary Language: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

#### CHILD INFORMATION

Child's Name (please print): \_\_\_\_\_ Child Care Case Number: \_\_\_\_\_

Cash Assistance Case Number (if applicable): \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ (mm/dd/yyyy)

#### PROVIDER INFORMATION

Program/Provider Name: \_\_\_\_\_ Program/Provider ID #: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

### SECTION 2: APPLICATION TYPE

SPECIAL NEEDS CARE <input type="checkbox"/>	SPECIAL NEEDS CARE AND ENHANCED PAYMENT RATE <input type="checkbox"/>
If you are applying for special needs care <u>only</u> , you are applying for your child care case to be designated as a Special Needs Case without an enhanced payment rate.	If you are applying for special needs care with an enhanced payment rate, you are applying for special needs care <u>and</u> enhanced payment rate for the provider listed in Section 1.

### SECTION 3: ATTESTATION AND SIGNATURE TO BE COMPLETED BY PARENT

I swear and/or affirm that all information I have provided is true and accurate.	
	<div style="display: flex; justify-content: space-between;"> <span>Parent/Guardian Signature</span> <span>Date</span> </div>

