



Inclusion Grant Service/Health Provider Information

Supporting document for ND DHS SFN 1907 <http://www.nd.gov/eforms/Doc/sfn01907.pdf>

You are receiving this form letter from a parent or a licensed Child Care Provider seeking to apply for the Inclusion Support Grant. The information you provide will be used to verify this child care provider is caring for a child currently being supported by you or your agency. By completing this form you are helping the child care provider meet the requirements set forth by the North Dakota Department of Human Services when applying for the Inclusion Support Grant.

The Inclusion Support Program provides grant funding and technical assistance to licensed child care providers in North Dakota who care for children with special needs ages birth through 12 years old.

The funding is designed to assist child care providers in creating and maintaining an inclusive environment by supporting children with disabilities or developmental delays in learning, growing, and playing alongside their peers.

Grant funding may be used for the following purposes:

- Supporting staffing needs
- Modifying a childcare setting to accommodate children with diverse abilities and needs (building ramps, widening doors, etc.)
- Purchasing items such as sensory equipment, manipulative, specialized seating, or computer equipment and software for children with special needs

Child Care Providers need to complete the following tasks before applying for the Inclusion Grant:

- Become licensed or self-declared by the N.D. Department of Human Services, or be in the process or licensing.
- **Parent or guardian obtain and provide a letter from a child's therapist, physician, or other health care provider outlining the need for additional support**
- Work with a child's parents and an inclusion specialist to create a care plan for each child in care with special needs

Please contact the Inclusion Specialists if you have any additional questions regarding the grant.

Scoti Welder
701-934-5964
Scoti@ndchildcare.org

Inclusion Grant: Service Provider Letter of Support

Service Provider Name:	
Phone Number:	
Address:	
Email:	
Child Care Provider Name:	
Supported Child's Name:	
Please tell us about the services/support you provide to the above named child:	
Have you provided support, services or information to the child's child care provider? Yes No <i>If yes, please tell us about the support, services, or information you provided.</i>	
Please list any recommendations you have for the above name child in his/her child care setting such as additional staffing, equipment, training, etc.	

Service Provider Signature

Date