

National Inclusion Support Subsidy Provider KU Children's Services

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Children's Services
Since 1895
In partnership with



Health Care Information Form

This Form is to be completed and signed by a legally qualified Medical Practitioner/Psychologist/Allied Health Professional/Registered Nurse or Nurse Practitioner who has been involved with the care of the child

Children's Services may apply for Inclusion Support Subsidy (ISS) funding to support the inclusion of children with ongoing high support needs in mainstream Child Care settings. To meet funding guidelines, it is necessary to provide documentary evidence regarding the child's diagnosed disability or ongoing assessment. The information you provide will be forwarded to the National Inclusion Support Subsidy Provider in support of the ISS application.

Family Name: _____

Child's Given Name/s: _____

Date of Birth: ____/____/____ Sex: Male Female

Is the child undergoing assessment for a disability and/or
 diagnosed with a disability

Please provide confirmation of child's major disability/condition, or details of assessment progress and/or referral if the child is undergoing assessment for a disability

**To be completed and signed by a Medical Practitioner/Psychologist
Details/Allied Health Professional/Registered Nurse or Nurse Practitioner**

Name: _____

Qualifications: _____ Provider No/Registration No _____

Organisation: _____

Address: _____

Telephone/s: () _____ Email: _____

Signature: _____ Date: ____/____/____