Saskatchewan Employment Incentive

Special Circumstances Child Care Referral Form

The Ministry of Social Services uses the information provided to verify a child aged 13-17 requires childcare due to special circumstances.

A. This Section Completed by the Client

Client Full Name (First Name/Last Name)		Date of Birth (YY/MM/DD)
Child Name (First Name/Last Name)		Date of Birth (YY/MM/DD)
Mailing Address	City/Town	Postal Code

B. This Section Completed by a Referring Professional

Does the child identified above require childcare due to special circumstances? ☐ Yes ☐ No

Length of time childcare is required? ☐ Permanent ☐ _____ Months

C. Referring Professional Information

Referring Person	Profession
Address	Phone

Signature	*Date*

If the length of time childcare required is not permanent, a new form will have to be submitted if there is a need to extend the childcare beyond the specified time frame.

Client Signature	***Date***