FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
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YMCA CHILDCARE RESOURCE SERVICE

JUSTIFICATION STATEMENT FOR SEVERELY HANDICAPPED RATE ADJUSTMENT

According to the Americans with Disabilities Act (ADA), child care providers cannot charge special rates for children who are Severely Handicapped and for whom reasonable accommodations are all that is necessary to fully integrate the child into their program.

A child who qualifies as Severely Handicapped is defined as one who is mentally or physically incapable of self-care, as verified by a physician or a licensed or certified psychologist, and who requires special accommodations to be provided with basic child care. In addition, "Severely Handicapped" children are defined as those who suffer from autism, blindness, deafness, severe orthopedic impairment, serious emotional disturbance or severe developmental disability.

The definition of "reasonable accommodations" is subject to the unique circumstances of each situation. For example, a Family Child Care Home provider who can accommodate an infant who is deaf as easily as any other infant would not qualify to be reimbursed for that child using the Severely Handicapped Care adjustment factor. The adjustment factor for Severely Handicapped Care is 1.5 (Standard Rate Ceiling x 1.5 =Severely Handicapped Care Rate Ceiling).

I have reviewed the above information, and certify that meeting the needs of the child named in this justification statement would impose an undue burden on my child care program or would fundamentally alter the nature of the program. I am therefore justified in charging the premium care rate for _____(name of child). My normal rate is _____ per hour/day/wee/month (circle one). The following statement outlines my justification for charging the Premium Care Rate:

I understand that if I need more information regarding the Americans with Disabilities Act I Can contact the YMCA Childcare Resource Service, San Diego County's local Resource and Referral Program at 1-800-481-2151

Provider Name:_____ Center Name:_____

Provider Signture:_____

Address: _____

City:_____State:_____Zip:_____

Phone Number:_____

Return Application to: YMCA Childcare Resource Service
Attn: AP Department Head
2602 Hoover Avenue #102
National City, CA 91950

For Office Use:
I, as a representative of the Alternative Payment Program have reviewed and am familiar with the Americans with Disabilities Act. I have reviewed the justification statement provided by the child care provider. I believe the justification provided by the child care provider supports the position that the cost of meeting the needs of the child named above would, in fact impose an undue burden on the needs of the child care program or would fundamentally alter the nature of the program. I therefore approve the payment of the premium care rate for _____(name of the child) effective_____ rate approved _____per hour/day/week/month(circle one).

Agency Representative:_____

Signature:_____

Date:_____