



ALASKA INCLUSIVE CHILD CARE PROGRAM

Division of Public Assistance
Child Care Program Office
3601 C Street, Suite 140
PO Box 241809, Anchorage, AK 99524-1809

Office Use Only

SPECIAL NEEDS DOCUMENTATION

This form may be used to document your child's special need. Other forms may also be accepted to document your child's special need including: Individualized Education Plan (IEP); Individualized Family Service Plan (IFSP); medical diagnosis; or mental health evaluation completed and signed by a health care professional.

Health or Mental Health Care Professional Information

Printed Name of Practice, Clinic, or Agency, if applicable			
Printed Name and Title of Health or Mental Health Care Professional			
Address	City	State	Zip Code
		AK	
Phone			

Child's Information

Printed Name of Child	Date of Birth
Printed Name of Parent or Legal Guardian	
Diagnosis or Description of Condition	
Specific Care Needs Related to the Above Diagnosis or Condition While in a Child Care Environment	
Specialized Training for Caregiver in a Child Care Environment, if Applicable	

Signature of Health Care Professional

Date