

## Supporting Children with Additional Needs (SCAN) Program

### Continuation of Funding / Funding Adjustment Form

#### Service Details

Service Name:	
Contact Person:	Telephone:

#### Child Details

Family Name:		Given Names:				
Days of Attendance	Monday	Tuesday	Wednesday	Thursday	Friday	
	AM					
	PM					

#### Funding Request

Please tick all relevant boxes

<input type="checkbox"/> Same as previously funded	To commence from ____/____/____
<input type="checkbox"/> Increase in attendance times	Change requested from ____/____/____
<input type="checkbox"/> Decrease in attendance times	Change requested from ____/____/____
<input type="checkbox"/> Requesting Exceptional Circumstances funding (please complete appropriate form)	Change requested from ____/____/____
<input type="checkbox"/> No Longer require Exceptional Circumstances funding	Change requested from ____/____/____
<input type="checkbox"/> Extended absence (greater than 5 weeks)	Absence date ____/____/____ to ____/____/____
<input type="checkbox"/> Child has left service	Last day of attendance ____/____/____
<input type="checkbox"/> Funding no longer required	from ____/____/____
<input type="checkbox"/> Child did not start at service	

I certify that the information provided is true and accurate

Authorised Supervisors Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

