



Our Kids Count

Nos Enfants Comptent

Name: _____

Address: _____

Telephone: _____

Date of birth (d/m/yr): _____

Member ID: _____

Income: OW ODSP Employment

Temporary Care

Marital Status

Married/Common-Law Separated/Divorced Single

Gross Taxable Income for Applicant (tax assessment attached)
On File

Gross Taxable Income for Spouse (tax assessment attached)
On File

Do you receive the Canada Child Benefit? Yes No

Is any family member living in your house a member of one of the following communities?

First Nations Inuit Métis N/A

Applying for:	Child(ren)s Name(s) & Date of Birth (child must be under 18 yrs of age to qualify)	Item being applied for: Specify activity or item being requested	Cost	Verification of cost attached?
Recreation Health Informal Child Care				
Recreation Health Informal Child Care				
Recreation Health Informal Child Care				
			Total Requested	
			Taxes	
For office use only			Total Approved	

I declare the information given here to be accurate and complete:

Applicant's signature: _____ Date: _____

Once form is signed and dated please return to the Manitoulin-Sudbury DSSAB office closest to you:

210 Mead Blvd
Espanola ON
P5E 1K5
Att: Intake

12 Birch St
Chapleau ON
P0M 1K0
Att: Intake

9050 Hwy 6
Little Current ON
P0P 1K0
Att: Intake

39 Lafontaine St.
Warren ON
P0H 2N0
Att: Intake

Notice with Respect to the Collection of Personal Information

(Freedom of Information and Protection of Privacy Act) (Municipal Freedom of Information and Protection of Privacy Act)
The information is collected under the legal authority of the Day Nurseries Act, R.S.O. 1980, c. 111, for the purpose of ensuring a high quality of delivery of Children's Day Care services operated under the Ontario Government's Day Nurseries Program.

For office use only
Staff Signature: _____ Date: _____

OKC YTD (including this request) _____

Staff Comments: _____

Payment made to: _____

Recreation Amount: _____ Health Amount: _____ Informal Child Care Amount: _____ Total: _____

Approved By: _____

Supervisor Comments _____