

Conseil des Services du District de Manitoulin-Sudbury District Services Board

Child Care Fee Subsidy

	Applican	t		Co-Ap	oplicant		
First Name							
Last Name							
Previous Name	S						
Social Insuranc Number	е						
Date of Birth							
Gender	🗆 Male	e 🗆 Female	🗆 Unkn	own 🗆	Male 🗆 I	Female □	Unknown
Marital Status	🗆 🗆 Sir	gle 🗆 Sepa	arated	Married		on-Law	□ Widowed
Home Address							
Telephone				Email			
Is any family me	ember living in	your house a m	ember of or	ne of the follow	wing commun	ities?	
□ First Na		uit 🗆 Métis	□ N/	Ά			
Reason For C	Care						
Employed/Empl Name	loyed/Employer e						
Student/School Name							
Social/Therapeu	utic						
Referring Agen	су						
Other							
Children Livi	ng with You	(ages 0-12 ye	ears)				
First Name	Last Name	Date of Birth	Gender	Needs Child	Care	Grade	School
				□ Yes	🗆 No		
				🗆 Yes	🗆 No		
				🗆 Yes	□ No		
				🗆 Yes	□ No		
				🗆 Yes	🗆 No		
Additional In	formation						
		ing child care h	ave a Specia	al Need(s)?	□ Yes	□ No	
If yes, which ch							
Have you alread child(ren)?	ly registered y	our	🗆 Ye	es 🗆 No			



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Income Verificati	on			
*** Assets and genera	I expenses are not conside	red*****		
Are you in receipt of C	□ Yes	🗆 No		
Other Income Sources	s Type:	1		
Either the Notice of As	ssessment (NOA) or the Ca	nada Child Tax Benefit repor	rt for the most recen	t year can be
used to calculate your	r household annual income*	(attach a copy)		-
Total Annual	Applicant (x)	Co-Applicant (y)	Total (x + y)	
Income*				
Notice of				
Assessment or				
Canada Child Tax				
Benefit				
(Line 236)				
		sk if any of your disability-	related expenses q	ualify for a
reduction in annual i				
		o the best of my/our knowl	-	
the Manitoulin-Sudb	URV USB immediately of al	nv changes in mv/our circu	imstances. such as	s cnandes in

the Manitoulin-Sudbury DSB immediately of any changes in my/our circumstances, such as changes in marital status, employment, school, training and/or any changes in my/our situation. I will also immediately inform the DSB if either me or my spouse's income increases or decreases by 20% over the duration of the year. I allow the DSB to give the information on this form and any attachments to share within the DSB offices with Ontario Works or Community Housing Departments without further notice to me, if the information is necessary for the purpose of making decisions or verifying eligibility for assistance under the Child Care and Early Years Act 2014, Housing Services Act 2011, the Ontario Works Act 1997, or the Ontario Disability Support Program Act 1997.

Applicant Signature: _____ Co – Applicant Signature: _____

Date: _____

Date: _____

As applicable, please attached copies of the following with your application:
Birth Certificate for all children
For parents attending school - proof of enrollment
For parents working – proof of employment/ recent pay stub
Social or Therapeutic referral verification letter
Social Insurance Cards for parents
Custody Papers, Separation Agreement or Court Order 🛛
Most recent Notice of Assessment
Most recent Canada Child Tax Benefit 🛛

Send completed forms & copies of above documents by:

Fax: (705) 862-7805 or (866) 397-3334

Mail: 210 Mead Blvd, Espanola, P5E 1R9

Email: <u>childcareapplications@msdsb.net</u>