



# Child Care Fee Subsidy

## Personal Information

	Applicant		Co-Applicant	
First Name				
Last Name				
Maiden / Previous Names				
Social Insurance Number				
Birth date (dd/mm/yy)				
Gender	Male	Female	Male	Female

Home Address	<small>(house number, street name, town, postal code)</small>			
Mailing or Email Address	<small>(Mailing Address if different than above - i.e. postal box or rural route delivery number)</small>			
Telephone – Home		Mobile Phone		
Marital Status	Single	Separated	Married	Common-Law

## Reason for Care

	Applicant	Co-Applicant
Employed / Employer Name		
Work Telephone		
Student / School Name		
Referral / Referred By		
Other		

## Children Living with You (ages 0-12 years)

First Name Last Name	birth date	Gender	Needs Child Care		School	Grade
	(dd/mm/yy)	(M/F)	Yes	No		
			Yes	No		
			Yes	No		
			Yes	No		
			Yes	No		
			Yes	No		

Additional Information

Do any of your children requiring child care have a Special Need(s)?      No      Yes

If yes, which children \_\_\_\_\_

Who is your child care provider? \_\_\_\_\_

Have you already registered your child with the provider?      No      Yes

Income Verification

\*\*\*Assets and general expenses are **not** considered.

Either the Notice of Assessment (NOA) **or** the Canada Child Tax Benefit report for the most recent year can be used to calculate your household annual income\* (attach a copy)

Total Annual Income*	Applicant (x)	Co-Applicant (y)	Total (x + y)
Notice of Assessment (line 236)			
Canada Child Tax Benefit (line 236)			

*\*If you or your child have a disability, please ask if any of your disability-related expenses qualify for a reduction in annual income.*

*All the information on this application is true to the best of my/our knowledge and belief. I/we will inform the Manitoulin-Sudbury DSSAB 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 DSSAB if either me or my spouse's income increases or decreases by 20% over the duration of the year. I allow the DSSAB to give the information on this form and any attachments to share within the DSSAB offices with Ontario Works or Social 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 Day Nurseries Act, Social Housing Reform Act, 2000, the Ontario Works Act 1997, or the Ontario Disability Support Program Act 1997.*

Applicant _____	Co-Applicant _____
Date (mm/dd/yy) _____	Date (mm/dd/yy) _____
Witness _____	Witness _____
Date (mm/dd/yy) _____	Date (mm/dd/yy) _____

Please attach copies of the following with your application:

**FAMILY**

- Birth Certificate for all Children
- Social Insurance Cards for Parents
- For Parents Attending School - Proof of School Attendance / enrollment
- For Parents Working - Proof of employment / recent pay stub
- Custody Papers, Separation Agreement or Court Order

**INCOME VERIFICATION**

- most recent Notice of Assessment
- most recent Canada Child Tax Benefit

Send completed forms & copies of above documents by:

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

Mail to: 210 Mead Blvd, Espanola, P5E 1R9