

THE CORPORATION OF THE CITY OF LONDON



LYNNE LIVINGSTONE, DIRECTOR
 NEIGHBOURHOOD AND CHILDREN'S SERVICES
 DEPARTMENT OF COMMUNITY SERVICES

Neighbourhood and Children's Services
 P.O. Box 5045
 151 Dundas Street, 4th Floor
 LONDON, ON N6A 4L6
 TELEPHONE (519) 661-4834
 FAX: (519) 661-5821
 EMAIL: childcare@london.ca

DEPARTMENT OF COMMUNITY SERVICES
 Neighbourhood and Children's Services

CHILDREN'S SERVICES CHILD CARE FEE SUBSIDY APPLICATION

Dear Applicant:

Thank you for applying for Child Care Subsidy. Your application will be date stamped the day it is received in the child care fee subsidy office. Once reviewed, if eligible, the child will be placed in a child care setting of the parent's choice. For more information, please see the Children's Services web site. Should you have any questions about the application or if you need assistance, please call the Children's Services office at 519 661-4834 between the hours of 8:30 am and 4:30 pm, Monday to Friday.

All applicants must file income tax returns for the previous year before applying for child care fee assistance.

Please supply the following:

- **IDENTIFICATION & VERIFICATION OF ADDRESS** - For all applicants. Example: birth certificate, driver's license, current utility bill or lease. Immigrants to Canada must provide verification of status.
- **INCOME** – Most recent Notice of Assessment from Revenue Canada Income Tax, Canadian Child Tax Benefit for each parent or RC143E –Income Tax Return – Option C printout.
- **SPECIAL NEEDS & REFERRALS** – Supporting documents from your medical doctor, social worker, public health nurse or any professional involved with your family which state the special needs of your child or family.
- **VERIFICATION OF ACTIVITY – School/Training** – timetable of applicants. **Work** – last pay-period pay stub of applicants.

How did you hear about the fee subsidy program?

- | | | |
|--|--|--|
| <input type="checkbox"/> Child Care Centre | <input type="checkbox"/> Yellow Pages | <input type="checkbox"/> Children's Aid |
| <input type="checkbox"/> Ontario Works Office | <input type="checkbox"/> Child Care Fee Subsidy Poster | <input type="checkbox"/> Advertisement: flyer, newspaper |
| <input type="checkbox"/> ODSP | <input type="checkbox"/> Community info event | <input type="checkbox"/> Other: Please specify _____ |
| <input type="checkbox"/> School | <input type="checkbox"/> Family/Friends | |
| <input type="checkbox"/> Resource Centre/Library | <input type="checkbox"/> Health Professional, MLHU, TVCC, Merrymount | |

Have you applied for subsidy in the past? Yes No

Have you chosen a child care centre? Yes No

If yes, Centre Name: _____

Do you have children already placed in a child care centre? If yes, name of child and centre:

What is the reason you are requesting subsidy?

- | | | | |
|--|--|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Leaving OW/ODSP with Employment | <input type="checkbox"/> Full time | <input type="checkbox"/> Part time | <input type="checkbox"/> Casual |
| <input type="checkbox"/> Referred | <input type="checkbox"/> Full time | <input type="checkbox"/> Part time | <input type="checkbox"/> Night school |
| <input type="checkbox"/> Working | <input type="checkbox"/> Other: Please specify _____ | | |
| <input type="checkbox"/> Student | | | |

What type of care is required for your child(ren)?

- full time part time before/after school summer School break

STATUS IN CANADA (Please provide verification)
 Born in Canada Refugee Claimant Permanent Resident / Canadian Citizen

APPLICANT

Surname _____ First name _____ Date of Birth _____

Address _____ City _____ Postal Code _____

Home Phone _____ Work Phone _____ Cell _____

Marital Status Single / _____ Married / _____ Separated / _____ Common Law / _____ Widowed / _____

E-Mail Address _____

I prefer that Children's Services contact or reply to my inquiries by email and I understand that internet email is not a secure method of communication and may contain my confidential information. Yes No

SPOUSE					
Surname _____	First name _____	Date of Birth _____			
Address _____		City _____	Postal Code _____		
Home Phone _____		Work Phone _____	Cell _____		
DEPENDANT(S) LIVING WITH YOU					
Surname	First Name	M/F	Birth date MM/DD/YY	School/Child Care Centre	Grade
Surname	First Name	M/F	Birth date MM/DD/YY	School/Child Care Centre	Grade
Surname	First Name	M/F	Birth date MM/DD/YY	School/Child Care Centre	Grade

REVENUE CANADA INCOME INFORMATION				
Net Income as shown on line 236 of your Revenue Canada's Notice of Assessment for the most recent year		OR	Adjusted / Net Income as shown on your Revenue Canada's Children's Tax Benefit for the most recent year	
Please Attach Copies				
Applicant line 236 Net Income:	Year:	Applicant CCTB Net Income:	Year:	RC143E (Option C) Net Income
Spouse's line 236 Net Income:	Year:	Spouse's CCTB Net Income:	Year:	RC143E (Option C) Net Income
ADDITIONAL INFORMATION				
Do you or your child(ren) have special needs expenses that are not reimbursed by insurance or government program?				
<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide receipts.				
All of the information on this application is true to the best of my/our knowledge and belief. I/we will inform The Corporation of the City of London, Department of Community Services, Children's Services immediately of any changes in my/our circumstances, such as changes in marital status, employment, school, training, centres, and/or any other changes in my/our situation.				
Signature of Applicant:		Date Signed:		
Signature of Spouse:		Date Signed:		

Photocopies of this information MUST BE ATTACHED to your completed application so that your eligibility can be assessed as quickly as possible.

PLEASE RETURN COMPLETED APPLICATION WITH DOCUMENTS TO:	
Children's Services 151 Dundas Street, 4 th Floor P.O. Box 5045 London ON N6A 4L6	Monday to Friday 8:30am-4:30pm TELEPHONE: (519) 661-4834 FAX: (519) 661-5821 Email: childcare@london.ca

All submitted documents will be retained by the Corporation of the City of London for a period of not less than nine (9) years.

Notice of Collection of Personal Information: The personal information collected on this form is collected under the authority of the Day Nurseries Act and will be used to determine eligibility for Child Care Subsidy. Questions about this collection of personal information may be directed to Children's Services as noted above.