

Children's Services Child Care Fee Subsidy Application

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 Child Care and Early Years Act and will be used to determine eligibility for Child Care Fee Subsidy. Questions about this collection of personal information may be directed to the Children's Services office at 519-661-4834.

Section 1 - Family Members

A "Family" is the applicant, spouse or partner, and dependent children living in the same home.

Applicant						
Last Name	First Name		Middle Name	е		
Gender	Date of Birth (yyyy-mm-dd	Primary Phone Numb	er P	hone Number Type		
☐Male ☐Female ☐Other				☐Home ☐Cell ☐Work		
<u> </u>	Number Type me □Cell □Work	Email Address				
I prefer that Children's Services contact me or reply to my inquiries by email and I understand that the internet is not a secure method of communication and may contain my confidential information.						
☐ Yes ☐ No						
Marital Status:						
☐ Single ☐ Married	☐ Separated	☐ Common-Law	☐ Divo	rced		
Status in Canada:		_		_		
☐ Born in Canada ☐ P	ermanent Resident	☐ Landed Immi	grant			
Home Address						
Unit # Street Address		City/Town		Postal Code		
Since in Substitutions		Gilly/ 10 mil		1 ootal oodo		
Applicant 2 (If applicable)						
For Child Care Fee Subsidy p		Il this section in if	there you	u have a spouse,		
partner or a common-law part	tner.					
Last Name	First Name	N	liddle Name			
Gender:	Date	of Birth (yyyy-mm-dd)				
☐Male ☐Female ☐Other		o. 2 (yyyy aa,				
	L					
Dependent Children						
The number of dependents living in your home affects your eligibility. List all dependent children						
under the age of 18 living in the home even if child care is not required for the child.						
Last Name	First Name	a dard 10 110t 10	Middle Nam			
Gender:	Date of Birth (yyyy-m	nm-dd) This person (c	heck all that a	pply):		
☐Male ☐Female ☐Other		Requires	s child care	☐ Does not require care		

Form no. 1833(2020.12) Page 1 of 4

If the common ways are a district and						
If this person requires child care: Preferred Start Date (yyyy-mm-dd): Child Care Choice (if known):						
If this person is currently in care:			,			
Child Care Centre:						
Last Name			Middle Name			
Gender:	Date of Birth (yyyy-mm-dd)	This person (ch	eck all that apply):			
☐Male ☐Female ☐Other		Requires	child care Does not require care			
If this person requires child care:						
Preferred Start Date (yyyy-mm-dd):	Child Care C	Choice (if knowr	n):			
If this person is currently in care:						
Child Care Centre:	School/Grad	School/Grade:				
Last Name	First Name		Middle Name			
Gender:	Date of Birth (yyyy-mm-dd)	This person (ch	neck all that apply):			
☐Male ☐Female ☐Other		Requires	child care			
If this person requires child care:						
Preferred Start Date (yyyy-mm-dd):	Preferred Start Date (yyyy-mm-dd): Child Care Choice (if known):					
If this person is currently in care:						
Child Care Centre:	School/Gra	ade:				
Last Name	First Name		Middle Name			
Gender:	Date of Birth (yyyy-mm-dd)	l — ·	neck all that apply):			
☐Male ☐Female ☐Other		☐ Requires	child care			
If this person requires child care:	0					
Preferred Start Date (yyyy-mm-dd):	Child Care C	Choice (if knowr	1):			
If this person is currently in care:	0.1.1/0					
Child Care Centre:	School/Grad	le:				
Section 2 - Reason for Needin	a Child Care					
Section 2 – Reason for Needing Child Care To be eligible, you and your spouse need a reason for child care. Select your reason below. If						
eligible, Child Care Fee Subsidy		orma caro.	Coloot your roadon bolom in			
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Applicant						
Reason(s) for applying to Child Care Fee Subsi	<u> </u>					
□Employment – □Full-Time / □Part-Time / □Self Employed			☐ Therapeutic Referral —			
□ Education □ Child / □ Parent						
☐ ☐ Ontario Works / Ontario Disability S	support Program (ODSP)					
Applicant 2						
Reason(s) for applying to Child Care Fee Subsidy:						
l <u> </u>			☐ Therapeutic Referral – ☐ Child / ☐ Parent			
☐Ontario Works / Ontario Disability S	Support Program (ODSP)		Lind/ Lind			
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Form no. 1833(2020.12) Page 2 of 4

Section 3 – Income

Applicant					
Sources for Income:					
□Earnings	☐Ontario Works	☐Employment Insurance			
☐Self Employed	☐Ontario Disability Support	☐Canada Pension Plan			
Ontario Student Assistance	Payment	Other			
Program	☐Workplace Safety Insurance				
Support	Payment				
шеирроп					
Applicant 2					
Sources for Income:					
□Earnings	☐Ontario Works	☐Employment Insurance			
Self Employed	Ontario Disability Support	☐ Canada Pension Plan			
I —	Payment	Other			
☐ Ontario Student Assistance	☐Workplace Safety Insurance	∟iOtner			
Program					
☐Support	Payment				
Section 4 – Contact and Appointment Preferences					
How may we contact you?	Preferred contact:				
☐By Phone ☐By E-mail					
Preferred Contact Day:	_	<u>_</u>			
☐Monday ☐Tuesday	□Wednesday □Thursday	∐Friday			
Preferred Contact Time:					
□8:30 – 10:30 □10:30 – 10:30 – 10:30 – 10:30 – 10:30 □10:30 □10:30 – 10:30 □10:30 – 10:30 □10:30	12:30	2:30 – 4:30			
		,			
Do you need a language interpreter?	Language Spoken:	Do you need any other assistance?			
□Yes □No					
Section 5 – Comments					
Please provide any additional information yo	J would like us to know about.				

Form no. 1833(2020.12) Page 3 of 4

Section 6 – Declaration and Consent

Applicant:

I confirm that all of the information on this application is true and to the best of my/our knowledge and belief. I/we will inform The Corporation of the City of London, Social and Health Development, Children's Services immediately of any changes in my/our circumstances, such as changes in marital status, employment, school, training, child care centres, and/or any other changes in my/our situation.

Applicant's Name (please print)	Applicant's Signature	Date Signed (yyyy-mm-dd)
Applicant 2's Name (please print)	Applicant 2's Signature	Date Signed (yyyy-mm-dd)

Submit your Completed Application and Supporting Documents

Submit your application and supporting documents to the Children's Services office by fax, e-

mail, mail or in-person.

Fax: 519-661-5821

E-mail: childcare@london.ca

Mailing Address: Children's Services

355 Wellington St, Suite 248

PO BOX 5045

London, ON N6A 3N7

For more information, call the Children's Services office at 519-661-4834.

If funding is not available, the name of each eligible child will be kept on a waitlist for Child Care Fee Subsidy. Your waitlist date will be the date <u>all documentation</u> has been received by the Children's Services office.

Form no. 1833(2020.12) Page 4 of 4