

The personal information collected on this form is under the authority of the *Government Organization Act* and managed in accordance with the *Freedom of Information and Protection of Privacy Act*. The information will be used to determine eligibility for child care subsidy.

If you have any questions about the collection, use or disclosure of this information, please contact the Alberta Supports Contact Centre at 1-877-644-9992 (toll free) or 780-644-9992 (Edmonton Area) between the hours of 8:15AM-4:30PM, Monday - Friday (except general holidays.)

COMPLETE ALL SECTIONS. PLEASE PRINT. USE INK ONLY.

Section 1 - Subsidy Information (refer to page 2 in guide)

What type of Subsidy are you applying for?

- Child Care Subsidy Extended Hours Subsidy
- Kin Child Care Subsidy Stay-at-Home Parent Subsidy

Section 2 - Family Unit Information (refer to page 2 in guide)

Have you applied for Child Care Subsidy before? Yes No

Previous Applicant ID

Date Subsidy Required yyyy mm dd

Marital Status (please check one)

- Single Separated/Divorced Widow(ed)
- Married Cohabiting Partner

Section 3 - Applicant Information (refer to page 2 and 3 in guide)

Applicant's Last Name Applicant's First Name

Birthdate yyyy mm dd Social Insurance Number

Citizenship Status: Canadian Citizen Permanent Resident

Address (include Apt #, street, P.O. Box#)

City/Town **A B** Postal Code

Telephone Number (include area code)

Cell Phone Number (include area code)

Applicant Information - Continued (refer to page 2 and 3 in guide)

Reason for Care

Check as many as apply.

- Working
- Special Needs of Parent or Child
- Looking for Work
- Attending School
- Stay-at-Home Parent
(for stay-at-home subsidy only)

Place(s) of Work/School (if applicable)

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Contact Number of Work/School (include area code) _____

Do you ordinarily live On-Reserve? Yes No

Are you currently living Off-Reserve for the above noted Reason for Care? Yes No

If you answered "Yes" to either question, please provide the following:

<i>Registration Number</i>	<i>Name of Reserve</i>

Are you Métis? Yes No Do you ordinarily live on a Métis Settlement? Yes No

Co-applicant Information

<i>Co-applicant's Last Name</i>	<i>Co-applicant's First Name</i>

<i>Birthdate</i> <small>yyyy mm dd</small>	<i>Social Insurance Number</i>

Citizenship Status: Canadian Citizen Permanent Resident

Cell Phone Number (include area code) _____

Reason for Care

Check as many as apply.

- Working
- Special Needs of Parent or Child
- Looking for Work
- Attending School
- Stay-at-Home Parent
(for stay-at-home subsidy only)

Place(s) of Work/School (if applicable)

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Contact Number of Work/School (include area code) _____

Do you ordinarily live On-Reserve? Yes No

Are you currently living Off-Reserve for the above noted Reason for Care? Yes No

If you answered "Yes" to either question, please provide the following:

<i>Registration Number</i>	<i>Name of Reserve</i>

Are you Métis? Yes No Do you ordinarily live on a Métis Settlement? Yes No

List Children requiring Child Care Subsidy - Continued

2 Child's Last Name _____ Child's First Name _____

Birthdate yyyy mm dd and Grade (if applicable)

Citizenship Status: Canadian Citizen Permanent Resident

Same as above OR Name and address of licensed day care, pre-school, out-of-school care, group family child care program, or contracted Family Day Home Agency.

Estimated hours of care needed per month

Estimated Costs (\$ per month)

How many hours of care are needed outside regular business hours of Monday to Friday 6:00 am to 6:00 pm?

Start Date yyyy mm dd

List Children requiring Child Care Subsidy - Continued

3 Child's Last Name Child's First Name

Birthdate yyyy mm dd and Grade (if applicable)

Citizenship Status: Canadian Citizen Permanent Resident

Same as above **OR** Name and address of licensed day care, pre-school, out-of-school care, group family child care program, or contracted Family Day Home Agency.

Estimated hours of care needed per month

Estimated Costs (\$ per month)

How many hours of care are needed outside regular business hours of Monday to Friday 6:00 am to 6:00 pm?

Start Date yyyy mm dd

List Children requiring Child Care Subsidy - Continued

4 Child's Last Name Child's First Name

Birthdate yyyy mm dd and Grade (if applicable)

Citizenship Status: Canadian Citizen Permanent Resident

Same as above OR Name and address of licensed day care, pre-school, out-of-school care, group family child care program, or contracted Family Day Home Agency.

Estimated hours of care needed per month

Estimated Costs (\$ per month)

How many hours of care are needed outside regular business hours of Monday to Friday 6:00 am to 6:00 pm?

Start Date yyyy mm dd

Section 6 - Kin Child Care Subsidy ONLY (refer to page 2 and 4 in guide)
(only complete if applying for the Kin Child Care Subsidy Program)

Relative Caregiver's Details

Caregiver's Last Name Caregiver's First Name

Birthdate yyyy mm dd

Address (include Apt #, street, P.O. Box#)

City/Town **A B** Postal Code

Telephone Number (include area code)

Relationship to the child

Section 7 - Declarations (refer to page 6 in guide)

Declaration of a Relative Caregiver

I declare that the above information is true and accurate.

X _____
Signature of Relative Caregiver

Date

FOR ALL SUBSIDY APPLICANTS

Applicant and Co-Applicant Declaration and Consent

- I declare that the information I have given on this application is true and complete.
- I understand that giving false or incomplete information, or not advising of any changes in circumstances may result in the termination or suspension of subsidy and the requirement to repay subsidy that I have received.
- I understand that the information I give on the application form may be verified by a Human Services representative at any time.
- I will advise Human Services Child Care Subsidy program immediately of any changes in circumstances that will affect my eligibility for subsidy.
- I understand that I may be required to provide additional information in order to confirm my initial and continuing eligibility for Child Care Subsidy. I understand that Human Services may initiate an investigation relating to my eligibility for Child Care Subsidy.

I consent to:

- Human Services staff disclosing to a licensed child care program, approved early learning program or family day home agency that I have chosen for the care of my child, information to identify myself/ourselves, my child(ren), our address, the amount of subsidy we are eligible to receive and the subsidy period.
- Human Services disclosing to other Ministries in the Government of Alberta and the Government of Canada the following information about myself/ourselves including: financial information, employment information, marital status, telephone numbers, dependents and addresses or the amount of subsidy I/we are eligible to receive to verify my/our eligibility for Child Care Subsidy and other government programs or benefits offered by the Government of Alberta or the Government of Canada.
- I/We consent to the release, by Canada Revenue Agency to an official of the Ministry of Human Services of income and expense information and identifying information about me/us and our children or dependents, including any social insurance number(s) from CRA records about me/us. The information will be relevant to, and will be used for the purpose of determining, verifying and/or auditing my/our eligibility for the subsidy and collection of overpayments of subsidy provided for in the Child Care Subsidy Program.
- In addition, I/we consent to the disclosure by an official of the Ministry of Human Services to a licensed child care program, approved early learning program or contracted family day home agency that I/we have chosen for the care of my/our child, of information obtained from the Canada Revenue Agency in accordance with this consent or obtained from other sources, that identifies myself/ourselves, my/our child(ren), our address, the amount of subsidy we are eligible to receive under the Child Care Subsidy Program, together with the subsidy period.

- Finally, I/we consent to the disclosure by an official of the Ministry of Human Services to an official of a department or agency of the Government of Alberta, of information obtained from the Canada Revenue Agency in accordance with this consent or from other sources, that identifies myself/ ourselves, my/our child(ren), our address, our marital status, my/our income and expenses and the amount of subsidy we are eligible to receive under the Child Care Subsidy Program. This information may be used for the purpose of determining, auditing and verifying my/our eligibility for any income tested benefit under an Alberta income support program for which I/we may apply in the future, and for collecting any overpayment of the benefit, provided I/we did apply for the income tested benefit.
- This consent is valid for the taxation year prior to the year of the signature, the current taxation year and for each subsequent taxation year in which a subsidy or benefit is requested.

I have read the above Declaration and Consent and I understand what it says.

X _____
Signature of Applicant Date

X _____
Signature of Co-applicant Date