



APPLICATION for CHILD CARE FEE SUBSIDY

APPLICANT INFORMATION

Are you currently a resident of the Algoma District? Yes No

If NO, please note that you must be a resident of Algoma by the time subsidy begins).

Surname:		Previous Name:	
First Name:		Middle Name:	
Date of Birth:	Day/Month/Year	Social Insurance Number:	

Gender: Male Female

Marital Status: Single Married Divorced Separated Common-Law Widowed

Preferred Language English French

Are you receiving services from any of the following programs offered through Algoma District Services Administration Board?

Ontario Works / Temporary Care Housing Child Care Fee Subsidy

Are you receiving services from the Ontario Disability Support Program? ODSP

If yes to any services, please indicate the name of your Client Services Worker:

ACCOMMODATION INFORMATION

Street Address / Unit Number:	
Mailing Address (RR/Box):	
Town/City/Village:	
Province:	
Postal Code:	

APPLICANT'S CONTACT INFORMATION

Home Number:		Business Number:	
Message Number:		Email Address:	

SPOUSE INFORMATION (if applicable)

NOTE: "spouse" includes either of two persons who are not married to each other and have cohabited,
 (a) continuously for a period of not less than three years, or
 (b) in a relationship of some permanence, if they are the natural or adoptive parents of a child.

Surname:		Previous Name:	
First Name:		Middle Name:	
Date of Birth:	Day/Month/Year	Social Insurance Number:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			

OTHER ADULTS IN THE HOME

Is any other person living in the home? Yes No

CURRENT WORK/SCHOOL INFORMATION

Please list current employment or school information for both applicant and spouse (if applicable)

Name of Applicant or Spouse	Employer or School Name	Work or School Contact Phone #	Hours of Work or School

Please complete information below for dependants requiring Fee Subsidy: DEPENDANT INFORMATION

Surname:		First Name:		Middle Name:	
Date of Birth	Day/Month/Year	Language		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No		School Name:		Grade:	

Name of Child Care Program or Centre you wish this child to attend:	
Date you need the Child Care to begin:	
Does this child have Special Needs? (further details will be reviewed at the time of your Interview)	<input type="checkbox"/> Yes <input type="checkbox"/> No

DEPENDANT INFORMATION					
Surname:		First Name:		Middle Name:	
Date of Birth	Day/Month/Year	Language		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No		School Name:		Grade:	
Name of Child Care Program or Centre you wish this child to attend:					
What date do you need the Child Care to begin?					
Does this child have Special Needs? (further details will be reviewed at the time of your Interview)			<input type="checkbox"/> Yes <input type="checkbox"/> No		
DEPENDANT INFORMATION					
Surname:		First Name:		Middle Name:	
Date of Birth	Day/Month/Year	Language		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No		School Name:		Grade:	
Name of Child Care Program or Centre you wish this child to attend:					
What date do you need the Child Care to begin?					
Does this child have Special Needs? (further details will be reviewed at the time of your Interview)			<input type="checkbox"/> Yes <input type="checkbox"/> No		
DEPENDANT INFORMATION					
Surname:		First Name:		Middle Name:	
Date of Birth	Day/Month/Year	Language		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No		School Name:		Grade:	
Name of Child Care Program or Centre you wish this child to attend:					
What date do you need the Child Care to begin?					
Does this child have Special Needs? (further details will be reviewed at the time of your Interview)			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Note: Indicate the number of additional dependents, if applicable. _____					
(Please have all the information requested above available for each additional dependant not listed for your Application)					

Are you currently in receipt of Ontario Works, Ontario Disability Support Program or any other Social Assistance Benefits from a First Nation or another province?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>NOTE: If you indicated "yes" to the above question, your application is complete. Please ensure that you sign and date the Consent and Declaration on next page. Your completed application can then be submitted in person, by fax or by mail to your nearest ADSAB office.</p>	
<p>INCOME</p>	
<p>The amount of your parental contribution towards Child Care is determined by your family's annual net income. Note. Parents with an adjusted annual net income of \$20,000 or less will not pay for child care.</p> <p>As a result, you must provide the amount of your family's last year net income. This can be found on line 236 of last year's Federal Notice of Assessment for both you and spouse.</p> <p>You may also provide your Canada Child Benefit statement, if available.</p> <p>NOTE: We will not be able to determine the subsidy amount unless you provide this information.</p>	
Total Annual Net Income	Net Amount
Total of line 236 of the Federal Notice of Assessment of both spouses.	\$

NOTE:

Applicant and spouse (if applicable) must sign the Consent and Declaration that follows on next page.



CHILD CARE FEE SUBSIDY Consent and Declaration

Please ensure that all adults listed on this Application read carefully and sign in the spaces below.

I/We Declare that all information provided in this application is given to the best of my knowledge and belief. None of the information that is required has been purposely withheld or omitted from my application.

I/We Consent to the release and disclosure of my information and that of any of my dependent children, or children temporarily in my care, to an authorized representative of the Algoma District Services Administration Board for the purpose of determining my initial and/or ongoing eligibility for Child Care Fee Subsidy including my placement on the ADSAB Children's Services wait list.

I/We Agree to inform the Algoma District Services Administration Board immediately of any changes in my circumstances such as changes in marital status, employment, school, training, choice of childcare centre and/or any other changes. Failure to report changes may result in the cancellation of my application and/or removal of my Child Care Fee Subsidy and/or Children's Services Wait list.

I/We Understand that the information I have provided in this application will belong to the Algoma District Services Administration Board. This information is considered confidential and will be used for the sole purpose of determining and verifying my initial and ongoing eligibility of Child Care Fee Subsidy and administering the delivery of Child Care Fee Subsidy in Algoma.

Print Name of Applicant

Signature of Applicant

Date Signed

Print Name of Spouse/Partner

Signature of Spouse/Partner

Date Signed

Notice with Respect to the Collection of Personal Information

(Freedom of Information and Protection of Privacy Act and
the Municipal Freedom of Information and Protection of Privacy Act)

This information is collected under the legal authority of the Child Care and Early Years Act for the purpose of administering subsidized child care in the Algoma District. For more information, contact the Manager of Social Planning & Service Standards Unit at (705) 848-7153 in the Algoma District Services Administration Board (ADSAB) Elliot Lake office.

NOTE: ADSAB will keep your information on file for seven years.

Instructions for completing the CHILD CARE FEE SUBSIDY APPLICATION
PLEASE KEEP THIS PAGE AND LAST PAGE, DO NOT MAIL WITH YOUR APPLICATION

Please follow these steps in order to successfully complete your application:

- 1) Use pen only when completing this application. It will be easier to complete if you have all of the information needed in front of you. Please see "**Documents Required for Child Care Fee Subsidy**" at the end of this application. This information can also be found on the ADSAB website under the Children's Service's "Apply" section: www.adsab.on.ca
- 2) Ensure that the Consent and Declaration on previous page of this application is signed and dated by applicant and spouse (if applicable) as this authorizes your application for Child Care Fee Subsidy.
- 3) Submit your completed application **in person, by mail or fax** to your nearest ADSAB office. Note: if you have a Client Services Worker you can send it by email.
- 4) Once received, your application will be date/time stamped. If there is a "wait for subsidy" situation, you will receive a letter confirming that you have been placed on the Wait List. If there is no wait time for subsidy, a Client Services Worker will contact you.
- 5) You should register your child with the Child Care Centre of your choice immediately, as they may also have a Wait List. Their Wait List is separate from the ADSAB Wait List. They will provide a "**Child Care Space Availability Form**".
- 6) A Client Services Worker will contact you to set an appointment time to meet with you to determine eligibility. You must provide the "**Documents Required for Child Care Fee Subsidy**" and at that time you must also provide the "**Child Care Space Availability Form**", to confirm a Child Care space is available for your child.

Once completed, submit this application to the Algoma District Services Administration Board (ADSAB) office in your area, as listed below:

<p>Elliot Lake Office 2 Elizabeth Walk Elliot Lake, ON P5A 1Z3 Ph: 705-848-7153 Fax: 705-843-0482</p>	<p>Blind River Office 15 Hanes St. Blind River, ON P0R 1B0 Ph: 705-356-2263 Fax: 705-843-0482</p>	<p>Thessalon Office 1 Collver Rd Thessalon, ON P0R 1L0 Ph: 705-842-3370 Fax: 705-842-3747</p>	<p>Wawa Office 50 Broadway Ave. PO Box 420 Wawa, ON P0S 1K0 Ph: 705- 856-2303 Fax: 705-856-1644</p>
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IMPORTANT: If you encounter any problems while completing this application call your nearest ADSAB office between hours of 8:30-12:00 and 1:00 to 4:30 Monday to Friday for assistance.

DOCUMENTS REQUIRED FOR CHILD CARE FEE SUBSIDY

**** You MUST provide the information listed at time of your appointment ****

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IDENTIFICATION	VERIFICATION REQUIRED
a) Birth Dates	Birth Certificates or baptismal certificate, including spouse and dependants.
b) Social Insurance Number(s)	S.I.N. card or other official document noting SIN, including spouse.
INCOME	VERIFICATION REQUIRED
a) Net Annual Income	Federal Notice of Assessment (NOA)
b) Canada Child Benefit (CCB)	CCB Notice
IF EMPLOYED...	VERIFICATION REQUIRED
	<ul style="list-style-type: none"> - Two (2) most recent consecutive paystubs that shows name of employer - Verbal or documented work schedule (hours of work)
IF A STUDENT...	VERIFICATION REQUIRED
	<ul style="list-style-type: none"> One of the following that indicates the name of the school, course, start and completion date and school schedule (full time/part time) - A letter from the school that documents start and end dates - OSAP Assessment Summary for school information
CHILD CUSTODY	VERIFICATION REQUIRED
	Legal custody documentation or other written agreement verifying custody arrangements
RECOGNIZED NEED	VERIFICATION REQUIRED
	- Medical or Social Referrals from social service or health care professional
DISABILITY RELATED EXPENSES	VERIFICATION REQUIRED
a) Disability related expenses, not previously reimbursed.	Receipts

NOTE: You must also provide the “Child Care Space Availability Form” from the Child Care program of your choice, to confirm a space is available for your child.