

The personal information you provide is being collected to determine your eligibility for the Child Care Subsidy Program. If you choose to apply, the personal information you provide will then be used and disclosed in the application process, for ongoing eligibility verification, and for delivery of the program, including internal use by the Government of Alberta for program evaluation and enhancement or design of services. The personal information provided to the Child Care Subsidy Program is collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act*, and will be used and disclosed in accordance with sections 35 to 40 of the Act. If you have questions about the collection or use of your personal information, please contact the Alberta Supports Contact Centre during standard business hours at: 1-877-644-9992 (toll-free) or 780-644-9992(Edmonton area) Monday - Friday (except during general holidays).

**All fields except the signature field can be completed electronically. We do not accept digital signatures. Please complete, print, sign using an ink pen and submit.**

## Section 1 - Applicant Information

Have you applied for Child Care Subsidy before?

 Yes  No

Previous Applicant ID (if applicable)

Date Subsidy Required yyyy-mm-dd

Marital Status (please select one)

 Single  Married  Separated/Divorced  Cohabiting Partner  Widow(ed)

## Section 2 - Applicant Information

Applicant's First Name

Applicant's Last Name

Birthdate yyyy-mm-dd

Social Insurance Number

Citizen Status:

 Canadian Citizen  Permanent Resident  Neither

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

City/Town

Province

Postal Code

Primary Phone Number

Secondary Phone Number

Email Address

Reason for Care (Check as many as apply.)

 Working  Attending School  Looking for Work  A Parent with Special Needs  A Parent of a Child with Special Needs

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

Contact Number of Work/School

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

Contact Number of Work/School

Do you ordinarily live in a First Nation Community?

 Yes  No

Are you currently living away from your First Nation Community for the above noted Reason for Care?

 Yes  No

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

Registration Number

Name of First Nation Community

## Co-applicant Information

Co-applicant's First Name

Co-applicant's Last Name

Birthdate yyyy-mm-dd

Social Insurance Number

Citizen Status

Canadian Citizen  Permanent Resident  Neither

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

City/Town

Province

Postal Code

Primary Phone Number

Secondary Phone Number

Email Address

Reason for Care (Check as many as apply.)

Working  Attending School  Looking for Work  A Parent with Special Needs  A Parent of a Child with Special Needs

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

Contact Number of Work/School

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

Contact Number of Work/School

Do you ordinarily live in a First Nation Community?  Yes  No

Are you currently living away from your First Nation Community for the above noted Reason for Care?  Yes  No

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

Registration Number

Name of First Nation Community

## Section 3 - Income

Is your current income lower than line 15000 on your most recent Notice of Assessment?  Yes  No

If yes, please provide estimates for the following income lines.

### Applicant

#### Income

Your information will be verified with the CRA or, you may be required to submit evidence of all income.

Line 15000 from your most recent Notice of Assessment provided by Canada Revenue Agency. \$ \_\_\_\_\_

#### Deductions

Tuition, Textbook and Educational Supply Costs Paid During Prior School Year (Line 32000) \$ \_\_\_\_\_

Eligible Medical Expenses (Line 33099) \$ \_\_\_\_\_

Eligible Medical Expenses (Line 33199) \$ \_\_\_\_\_

### Co-applicant

#### Income

Your information will be verified with the CRA or, you may be required to submit evidence of all income.

Line 15000 from your most recent Notice of Assessment provided by Canada Revenue Agency. \$ \_\_\_\_\_

#### Deductions

Tuition, Textbook and Educational Supply Costs Paid During Prior School Year (Line 32000) \$ \_\_\_\_\_

Eligible Medical Expenses (Line 33099) \$ \_\_\_\_\_

Eligible Medical Expenses (Line 33199) \$ \_\_\_\_\_

**NOTE:** If you have experienced a decrease in income since your most recent Notice of Assessment or have never filed a Canadian income tax form because you are a newcomer to Canada or are a minor and not legally required to file a tax return, please contact the Alberta Supports Contact Centre during standard business hours at 1-877-644-9992 (toll free) or 780-644-9992 (Edmonton Area) Monday - Friday (except general holidays).

## Section 4 - Children's Details

### List Children requiring Child Care Subsidy

**1** Child's First Name  Child's Last Name

Birthdate yyyy-mm-dd  Grade K to 6 (if applicable)  Citizen Status  
 Canadian Citizen  Permanent Resident  Neither

Name of licensed child care program (daycare, out-of-school care, group family child care, family day home agency, preschool)

Address of licensed child care program

Estimated hours of care needed per month  Estimated Costs (\$ per month)  Do you require overnight care?  Yes  No

If care is required outside regular business hours of Monday to Friday 6:00 am to 6:00 pm, how many hours per Month?  Start Date yyyy-mm-dd

Preschool Subsidy is for a child 19 months and older not yet in grade 1 attending a preschool program only.

Preschool programs operate less than 4 hours each day the program is offered.

Is your child attending a licensed preschool program?  Yes  No

If yes, is your child attending a second licensed program?  Yes  No

If your child is attending both a licensed daycare program and a licensed preschool program, you will receive the subsidy rate that is the highest.

If your child is attending two licensed daycare programs, the subsidy will be shared between two programs.

Please complete an additional Child section with the name of the other program your child is attending.

**2** Child's First Name  Child's Last Name

Birthdate yyyy-mm-dd  Grade K to 6 (if applicable)  Citizen Status  
 Canadian Citizen  Permanent Resident  Neither

Name of licensed child care program (daycare, out-of-school care, group family child care, family day home agency, preschool)

Address of licensed child care program

Estimated hours of care needed per month  Estimated Costs (\$ per month)  Do you require overnight care?  Yes  No

If care is required outside regular business hours of Monday to Friday 6:00 am to 6:00 pm, how many hours per Month?  Start Date yyyy-mm-dd

Preschool Subsidy is for a child 19 months and older not yet in grade 1 attending a preschool program only.

Preschool programs operate less than 4 hours each day the program is offered.

Is your child attending a licensed preschool program?  Yes  No

If yes, is your child attending a second licensed program?  Yes  No

If your child is attending both a licensed daycare program and a licensed preschool program, you will receive the subsidy rate that is the highest.

If your child is attending two licensed daycare programs, the subsidy will be shared between two programs.

Please complete an additional Child section with the name of the other program your child is attending.

## List Children requiring Child Care Subsidy - *Continued*

**3** Child's First Name

Child's Last Name

Birthdate yyyy-mm-dd

Grade K to 6 (if applicable)

Citizen Status

Canadian Citizen

Permanent Resident

Neither

Name of licensed child care program (daycare, out-of-school care, group family child care, family day home agency, preschool)

Address of licensed child care program

Estimated hours of care needed per month

Estimated Costs (\$ per month)

Do you require overnight care?

Yes

No

If care is required outside regular business hours of Monday to Friday 6:00 am to 6:00 pm, how many hours per Month? Start Date yyyy-mm-dd

Preschool Subsidy is for a child 19 months and older not yet in grade 1 attending a preschool program only.

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If your child is attending two licensed daycare programs, the subsidy will be shared between two programs.

Please complete an additional Child section with the name of the other program your child is attending.

**4** Child's First Name

Child's Last Name

Birthdate yyyy-mm-dd

Grade K to 6 (if applicable)

Citizen Status

Canadian Citizen

Permanent Resident

Neither

Name of licensed child care program (daycare, out-of-school care, group family child care, family day home agency, preschool)

Address of licensed child care program

Estimated hours of care needed per month

Estimated Costs (\$ per month)

Do you require overnight care?

Yes

No

If care is required outside regular business hours of Monday to Friday 6:00 am to 6:00 pm, how many hours per Month? Start Date yyyy-mm-dd

Preschool Subsidy is for a child 19 months and older not yet in grade 1 attending a preschool program only.

Preschool programs operate less than 4 hours each day the program is offered.

Is your child attending a licensed preschool program?  Yes  No

If yes, is your child attending a second licensed program?  Yes  No

If your child is attending both a licensed daycare program and a licensed preschool program, you will receive the subsidy rate that is the highest.

If your child is attending two licensed daycare programs, the subsidy will be shared between two programs.

Please complete an additional Child section with the name of the other program your child is attending.

## Applicant/Co-Applicant Declaration and Acknowledgement

- ⇒ I/We understand that relevant personal information may be shared with a licensed facility-based program (daycare, out-of-school care and preschool), licensed family day home agency, or licensed group family child care that I/we have chosen for the care of my child, including information to identify myself/ourselves, my/our child(ren), our address, the amount of subsidy we are eligible to receive and the subsidy period.
- ⇒ I/We understand that giving false or incomplete information or not advising of any changes in circumstances may result in termination or suspension of funding and the requirement to repay funding that I/we have received.
- ⇒ I/We understand that the information I/we give on the application form may be verified by a Children's Services representative at any time.
- ⇒ I/We will advise Children's Service's Child Care Subsidy Program immediately of any changes in personal, financial, or family circumstances that will affect my/our eligibility for subsidy.
- ⇒ I/We understand that I/we may be required to provide additional information in order to confirm any initial and continuing eligibility for Child Care Subsidy. I/We understand that Children's Services may initiate an investigation relating to my/our eligibility for Child Care Subsidy.
- ⇒ I/We understand that relevant personal information may be shared with other Government of Alberta programs and services and the Government of Canada including my/our financial information, employment information, marital status, telephone numbers, dependants addresses and the amount of subsidy to verify/determine my/our eligibility for other government programs or benefits offered by the Government of Alberta or the Government of Canada.
- ⇒ I/We consent to the release, by the Canada Revenue Agency to an official of the Ministry of Children's Services of income and expense information and identifying information about me/us and my/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 by the Child Care Subsidy Program.
- ⇒ In addition, I/we consent to the disclosure by an official of the Ministry of Children's Services to a licensed facility-based program (daycare, out-of-school care and preschool), licensed family day home agency, or licensed group family child care 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 I/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 Children's 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), my/our address, my/our marital status, my/our income and expenses and the amount of subsidy I/we are eligible to receive under the Child Care Subsidy Program. This information may be used for the purposes of determining, auditing, and verifying my/our eligibility for any income tested benefit under an Alberta Income Support Program, or if I/we 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 signature, the current taxation year and for each subsequent taxation year in which subsidy or benefit is requested.

I declare that I understand the above information on this application and provide my signature as consent.

\_\_\_\_\_  
Signature Date yyyy-mm-dd

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Signature Date yyyy-mm-dd

\_\_\_\_\_  
Co-applicant Signature

We **DO NOT** accept digital signatures. Please print, date and sign using an ink pen and return to:

**Email:** [css.childsubsidy@gov.ab.ca](mailto:css.childsubsidy@gov.ab.ca)  
**Fax:** 780-422-5692  
**Child Care Subsidy**  
**PO Box 1641, Station M**  
**Edmonton, AB T5J 2N9**