

## **Application for Child Care Subsidy**

Protected B (when completed)

Child Care Subsidy

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?	Previous Applicant ID (if applicable)  Date Subsidy Required yyyy-mm-dd		
Yes No			
Marital Status (please select one)			
Single Married Separated/Divorced	Cohabitating 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		
	AB		
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			
	u currently living away from your First Nation unity 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		

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Co-applicant Information				
Co-applicant's First Name		Co-applicant's Last Name		
Birthdate yyyy-mm-dd Social Insurance Number	er (	Citizen Status		
	(	Canadian Citizen	Permanent Resident	Neither
Address (include Apt #, street, P.O. Box #)				
City/Town			Province	Postal Code
			AB	
Primary Phone Number Secondary Phone Num	nber	Email Address		
Reason for Care (Check as many as apply.)				
Working Attending School Looking for W	/ork A P	Parent with Special Needs	A Parent of a C	hild with Special Needs
Place(s) of Work/School (if applicable)			Contact Number of W	ork/School
( apprentic				
Place(s) of Work/School (if applicable)			Contact Number of W	ork/School
Do you ordinarily live in a Are you currently living away from your First Nation				
First Nation Community?				
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 yo	our most recer	nt Notice of Assessme	nt? Yes	○ No
If yes, please provide estimates for the following in	come lines.			
Applicant			Co-applicant	
Income		Income		
Your information will be verified with the CRA	Your information will be verified with the CRA or, you			
may be required to submit evidence of all income. may be required to submit evidence of all income.				of all income.
Line 15000 from your most recent Notice of Assessment provided by Canada Revenue Agency.  \$		Line <u>15000</u> from your Notice of Assessment Canada Revenue Age	provided by	\$
Deductions		Deductions		
Tuition, Textbook and Educational Supply Costs Paid During Prior School Year (Line 32000)		Tuition, Textbook and Costs Paid During Prio (Line 32000)	Educational Support School Year	s
Eligible Medical Expenses \$		Eligible Medical Exper (Line 33099)	nses	\$
Eligible Medical Expenses \$		Eligible Medical Exper (Line 33199)	nses	\$

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).

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## Section 4 - Children's Details

## List Children requiring Child Care Subsidy

1	Child's First Name		Child's Last Na	Child's Last Name			
	Birthdate yyyy-mm-dd	Grade K to 6 (if applicable)	Citizen Status				
			Canadian Citi	zen Permanent Resid	dent Neither		
	Name of licensed child care program	n (daycare, out-of-school care, grou	up family child care, fa	mily day home agency, preso	chool)		
	Address of licensed child care program						
	Estimated hours of care needed per	month Estimated Costs (\$ per	month)				
				Do you require overnight ca	are? Yes No		
	If care is required outside regular but	siness hours of Monday to Friday 6	6:00 am to 6:00 pm, ho	w many hours per Month?	Start Date yyyy-mm-dd		
			·				
	Preschool Subsidy is for a child 19 m	Dreschool Subsidy is far a shild 10 months and older not yet in grade 1 attending a preschool pregram only.					
1	•	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 s	section with the name of the other p	program your child is a				
2	Please complete an additional Child's Child's First Name	section with the name of the other p	program your child is a	ttending.			
_		section with the name of the other p		ttending.			
_		Grade K to 6 (if applicable)		ttending.			
_	Child's First Name		Child's Last Na	ame	dent Neither		
_	Child's First Name	Grade K to 6 (if applicable)	Child's Last Na Citizen Status Canadian Citi	ame  zen Permanent Resid			
_	Child's First Name  Birthdate yyyy-mm-dd	Grade K to 6 (if applicable)	Child's Last Na Citizen Status Canadian Citi	ame  zen Permanent Resid			
_	Child's First Name  Birthdate yyyy-mm-dd	Grade K to 6 (if applicable)  n (daycare, out-of-school care, grou	Child's Last Na Citizen Status Canadian Citi	ame  zen Permanent Resid			
_	Child's First Name  Birthdate yyyy-mm-dd  Name of licensed child care program	Grade K to 6 (if applicable)  n (daycare, out-of-school care, grou	Child's Last Na Citizen Status Canadian Citi	ame  zen Permanent Resid			
_	Child's First Name  Birthdate yyyy-mm-dd  Name of licensed child care program	Grade K to 6 (if applicable)  n (daycare, out-of-school care, ground	Child's Last Na Citizen Status Canadian Citi up family child care, fai	ame  zen Permanent Resid			
_	Child's First Name  Birthdate yyyy-mm-dd  Name of licensed child care program  Address of licensed child care program	Grade K to 6 (if applicable)  n (daycare, out-of-school care, ground	Child's Last Na Citizen Status Canadian Citi up family child care, fai	ame  zen Permanent Resid	chool)		
_	Child's First Name  Birthdate yyyy-mm-dd  Name of licensed child care program  Address of licensed child care program	Grade K to 6 (if applicable)  n (daycare, out-of-school care, ground  am  month Estimated Costs (\$ per	Child's Last Na Citizen Status Canadian Citi up family child care, fai	zen Permanent Residmily day home agency, president Do you require overnight care	chool)		
_	Child's First Name  Birthdate yyyy-mm-dd  Name of licensed child care program  Address of licensed child care program  Estimated hours of care needed per	Grade K to 6 (if applicable)  n (daycare, out-of-school care, ground  am  month Estimated Costs (\$ per	Child's Last Na Citizen Status Canadian Citi up family child care, fai	zen Permanent Residmily day home agency, president Do you require overnight care	are? Yes No		
2	Child's First Name  Birthdate yyyy-mm-dd  Name of licensed child care program  Address of licensed child care program  Estimated hours of care needed per	Grade K to 6 (if applicable)  In (daycare, out-of-school care, ground am  month Estimated Costs (\$ per	Child's Last Na Citizen Status Canadian Citi up family child care, far month)	zen Permanent Residential Permanent Resident	are? Yes No		
2	Child's First Name  Birthdate yyyy-mm-dd  Name of licensed child care program  Address of licensed child care program  Estimated hours of care needed per  If care is required outside regular but	Grade K to 6 (if applicable)  In (daycare, out-of-school care, ground am  month Estimated Costs (\$ per siness hours of Monday to Friday 6 anoths and older not yet in grade 1	Child's Last Na Citizen Status Canadian Citi up family child care, fai month) 6:00 am to 6:00 pm, ho	zen Permanent Residential Permanent Resident	are? Yes No		
2	Child's First Name  Birthdate yyyy-mm-dd  Name of licensed child care program  Address of licensed child care program  Estimated hours of care needed per  If care is required outside regular but  Preschool Subsidy is for a child 19 m	Grade K to 6 (if applicable)  In (daycare, out-of-school care, ground am  month Estimated Costs (\$ per siness hours of Monday to Friday 6 and 4 hours each day the program is	Child's Last Na Citizen Status Canadian Citi up family child care, fai month) 6:00 am to 6:00 pm, ho	zen Permanent Residential Permanent Resident	are? Yes No		
2	Child's First Name  Birthdate yyyy-mm-dd  Name of licensed child care program  Address of licensed child care program  Estimated hours of care needed per  If care is required outside regular bus  Preschool Subsidy is for a child 19 m  Preschool programs operate less that	Grade K to 6 (if applicable)  In (daycare, out-of-school care, ground am  month Estimated Costs (\$ per siness hours of Monday to Friday 6 and the sand older not yet in grade 1 and 4 hours each day the program is school program? Yes	Child's Last Na Citizen Status Canadian Citi up family child care, fai month)  6:00 am to 6:00 pm, ho attending a preschool offered.	zen Permanent Residential Permanent Resident	are? Yes No		
2	Child's First Name  Birthdate yyyy-mm-dd  Name of licensed child care program  Address of licensed child care program  Estimated hours of care needed per  If care is required outside regular but  Preschool Subsidy is for a child 19 m  Preschool programs operate less that  Is your child attending a licensed preschool	Grade K to 6 (if applicable)  In (daycare, out-of-school care, ground am  month Estimated Costs (\$ per siness hours of Monday to Friday 6 to the sand older not yet in grade 1 to 14 hours each day the program is school program? Yes (and licensed program? Yes	Child's Last Na Citizen Status Canadian Citi up family child care, far month)  6:00 am to 6:00 pm, ho attending a preschool offered. No No	zen Permanent Residential Permanent Resident	are? Yes No Start Date yyyy-mm-dd		

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

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Li	List Children requiring Child Care Subsidy - Continued					
3	3 Child's First Name Child's Last Name					
	Birthdate yyyy-mm-dd Grade K to 6 (if applicable) Citizen Status					
	Canadian Citizen P	ermanent Resident	Neither			
	Name of licensed child care program (daycare, out-of-school care, group family child care, family day home	e agency, preschool)				
	Address of licensed child care program					
	Estimated hours of care needed per month					
	Do you requ	uire overnight care?				
	If care is required outside regular business hours of Monday to Friday 6:00 am to 6:00 pm, how many hour	s 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			at in the highest			
			at 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.						
4	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 Nei						
			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					
		uire 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 hour	•	Date yyyy-mm-dd			
	il care is required outside regular business nours of Monday to Finday 0.00 ain to 0.00 pm, now many nour	3 per Moritine Start	Date yyyy-mm-uu			
	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	e the subsidy rate the	at 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.					

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## **Applicant/Co-Applicant Declaration and Acknowledgement**

- ⇒ I/We understand that relevant personal information may be shared with a 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
0 ,,,,,	3
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 Fax: 780-422-5692 Child Care Subsidy PO Box 1641, Station M Edmonton, AB T5J 2N9

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