

Child Care Subsidy Application

Return to: Child Care Subsidy
P.O. Box 2405 Stn. Main
Regina, SK S4P 4L7

- First Application Change of Child Care Service
 Reapplication Change of Income

For Office Use:

Type of Application

Case Load

Case No.

Reporting of Constitutional Status is Voluntary: Status Indian = S Non Status Indian = N Inuit = I Métis = M Non-Native = O

Saskatchewan Personal Health Number	Family Name	Given Name	Sex M-Male F-Female	Birth Date			Social Insurance Number(s)
				Year	Month	Day	
	Applicant:						
	Spouse/Common-Law						
	Dependent Children under 18 years-of-age						<p>Please check if you are receiving a Canada Child Benefit for each child.</p> <input type="checkbox"/> Canada Child Benefit for each child. <input type="checkbox"/> Are you receiving social assistance payments from the Ministry of Social Services? Yes <input type="checkbox"/> No <input type="checkbox"/>

Correction area – if the above information or your address has been preprinted incorrectly, please list any changes.

ANSWER ALL OF THE FOLLOWING QUESTIONS:

1. Please provide the following:

Maiden Name: _____ Alias Name: _____ Other Name: _____

2. Your marital status: Married Single Separated Divorced Widowed

3. Are you living common-law? Yes No (You must answer this question if you are not married.)

4. If your marital status has changed since your last application, give date: _____
Year Month Day

5. If you or your spouse/common-law's income has changed since your last application, please give effective date: _____
Year Month Day

6. The Applicant is:

1. <input type="checkbox"/> Employed (Complete section A)	The Spouse/Common-law spouse is:	1. <input type="checkbox"/> Employed (Complete section A)
2. <input type="checkbox"/> Self-employed (Complete section B)		2. <input type="checkbox"/> Self-employed (Complete section B)
3. <input type="checkbox"/> Seeking employment (Complete section C)		3. <input type="checkbox"/> Seeking employment (Complete section C)
4. <input type="checkbox"/> Attending an education facility (Complete section D)		4. <input type="checkbox"/> Attending an education facility (Complete section D)
5. <input type="checkbox"/> Special Need (Complete section K)		5. <input type="checkbox"/> Special Need (Complete section K)

7. Are you or your spouse currently a student on a Study Permit issued by Citizenship and Immigration Canada? Yes No

8. Are both you and your spouse legally able to work in Canada? Yes No

Mailing Address – Please Print

Name
Street or
Box Number
City or Town
Postal Code

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Elig. Start: _____ Term: _____
Year Month Day Year Month Day

Reason for Child Care: _____

Case Status: _____ No. of Hol. _____

Letter Type: _____

Assessor's Signature: _____ Approved: _____

Reason For Child Care Services

Applicant

Spouse/Common-Law

A <input type="checkbox"/> Employed	Start Date Year Month Day _____							Start Date Year Month Day _____																			
	End Date Year Month Day _____							End Date Year Month Day _____																			
Employer																											
Business Phone Number																											
Circle days worked per week. (If you work shifts, part-time or have an undetermined work schedule, please complete section J.)																											
Sun		Mon		Tue		Wed		Thur		Fri		Sat		Sun		Mon		Tue		Wed		Thur		Fri		Sat	
Number of Hours Worked Each Day																											
B <input type="checkbox"/> Self-Employed (If you were self-employed in previous year, please submit your Income Tax Return and Income and Expense Statement)	Start Date Year Month Day _____							Start Date Year Month Day _____																			
	End Date Year Month Day _____							End Date Year Month Day _____																			
Name of Business																											
Business Phone Number																											
Type of Self-Employment																											
Circle days worked per week. (If you work shifts, part-time or have an undetermined work schedule, please complete section I.)																											
Sun		Mon		Tue		Wed		Thur		Fri		Sat		Sun		Mon		Tue		Wed		Thur		Fri		Sat	
Number of Hours Worked Each Day																											
C <input type="checkbox"/> Seeking Employment	Last Date Worked or Attended School Year Month Day _____							Last Date Worked or Attended School Year Month Day _____																			
	D <input type="checkbox"/> Education/Training																										
School/Facility Name: _____							School/Facility Name: _____																				
Start Date Year Month Day _____							Start Date Year Month Day _____																				
End Date Year Month Day _____							End Date Year Month Day _____																				
Days Attended Per Week																											
Sun		Mon		Tue		Wed		Thur		Fri		Sat		Sun		Mon		Tue		Wed		Thur		Fri		Sat	
Number of Class Hours Attended in: A.M.																											
P.M.																											
Eve.																											

Child Care Services Required

	Infant (6 weeks – 18 months) Name(s) Last First	Attendance Start Date	Name of Child Care Facility	No. of Days Required Per Week	No. of Hours Required Each Day	Total Monthly Facility Fee
E						
F	Preschool Children Name(s) Last First	Attendance Start Date	Name of Child Care Facility	No. of Days Required Per Week	No. of Hours Required Each Day	Total Monthly Facility Fee
G	Kindergarten Children Name(s) Last First	Attendance Start Date	Name of Child Care Facility	No. of Days Required Per Week	No. of Hours Required Each Day	Total Monthly Facility Fee
H	School Age Children – (Grade 1 up to and including 12 years of age) Name(s) Last First	Attendance Start Date	Name of Child Care Facility	No. of Days Required Per Week	No. of Hours Required Before School Lunch After School	Total Monthly Facility Fee

I. Income Declaration Section

Please provide a copy of your most recent paystub(s) for you and your spouse covering the last full month, from ALL sources of income.

Complete Applicable:	Applicant	Spouse/Common-Law			
1. Present Month's Gross Employment Income (before deductions)					
Applicant Paid – (attach paystub/s) <input type="checkbox"/> Paid Monthly _____ / mth <input type="checkbox"/> Paid every two weeks _____ / 2 wks <input type="checkbox"/> Paid weekly _____ / wk <input type="checkbox"/> Paid twice per month (eg. 1 st & 15 th) _____ + _____ / mth - Previous month's employment income _____ - Does your income fluctuate monthly? <input type="checkbox"/> Yes <input type="checkbox"/> No	<hr/> total per month	Spouse/Common-law Paid (attach paystub/s) <input type="checkbox"/> Paid Monthly _____ / mth <input type="checkbox"/> Paid every two weeks _____ / 2 wks <input type="checkbox"/> Paid weekly _____ / wk <input type="checkbox"/> Paid twice per month (eg. 1 st & 15 th) _____ + _____ / mth - Previous month's employment income _____ - Does your income fluctuate monthly? <input type="checkbox"/> Yes <input type="checkbox"/> No	<hr/> total per month		
2. Commission Income: - Submit previous month's Gross (attach allowable expenses and paystubs if applicable)					
Applicant – commission _____	<hr/> total per month	Spouse/Common-law - commission _____	<hr/> total per month		
3. Net Income Self-Employment (farm or business)					
Applicant – Net Income _____ Check () one: <input type="checkbox"/> Previous Year Monthly Average <input type="checkbox"/> Current Year Monthly Estimate	<hr/> total per month	Spouse/Common-law – Net Income _____ Check () one: <input type="checkbox"/> Previous Year Monthly Average <input type="checkbox"/> Current Year Monthly Estimate	<hr/> total per month		
4. Student Loan, Training Allowance, Grants, Bursaries or Scholarships					
Applicant Receives <input type="checkbox"/> Student Loan _____ <input type="checkbox"/> Bursary, Grants, Scholarships for the period of _____ to _____ Training Allowance: <input type="checkbox"/> Paid Monthly _____ / mth <input type="checkbox"/> Paid every two weeks _____ / 2 wks <input type="checkbox"/> Paid weekly _____ / wk <input type="checkbox"/> Child Care allowance _____ / wk	<hr/> total per month	Spouse/Common-law Receives <input type="checkbox"/> Student Loan _____ <input type="checkbox"/> Bursary, Grants, Scholarships for the period of _____ to _____ Training Allowance: <input type="checkbox"/> Paid Monthly _____ / mth <input type="checkbox"/> Paid every two weeks _____ / 2 wks <input type="checkbox"/> Paid weekly _____ / wk <input type="checkbox"/> Child Care allowance _____ / wk	<hr/> total per month		
5. Employment Insurance (attach paystub/s)					
Applicant Receives Weekly Benefit _____ Eligible Date _____ Year Month Day	<hr/> total per month	Spouse/Common-law Receives Weekly Benefit _____ Eligible Date _____ Year Month Day	<hr/> total per month		
6. Rental Income					
Applicant Receives Income from <input type="checkbox"/> Room & board _____ <input type="checkbox"/> Rental property _____ <input type="checkbox"/> _____ (other) _____	<hr/> total per month	Spouse/Common-law Receives Income from <input type="checkbox"/> Room & board _____ <input type="checkbox"/> Rental property _____ <input type="checkbox"/> _____ (other) _____	<hr/> total per month		
Applicant receives income from (attach copies)			Spouse/Common-law receives income from (attach copies)		
7. Pensions & Superannuation total per month		Pensions & Superannuation total per month			
8. Workers Compensation total per month		Workers Compensation total per month			
9 Maintenance or Child Support Received: total per month		Maintenance or Child Support Received: total per month			
10. Other Income _____ (specify)		Other Income _____ (specify)			

PLEASE TURN TO PAGE 4. READ SECTION L AND SIGN IN THE APPROPRIATE SPACE(S).

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(a)	(b)	(a-b)		
Total Gross family income	Number of children x \$100	Adjusted family income	Assessor's signature _____	
			Approved by _____	

J. Variable Work Schedule/Child Care Requirements: Explain your work schedule providing as much detail as possible (eg. Number of days, hours per day worked, etc.). State the actual weekdays and hours per day that you require child care in one month.

K. Special Needs – Child Care Subsidy Referral (MUST BE COMPLETED BY REFERRING PROFESSIONAL)

Date: _____ Child's Name: _____

Facility: _____

Child will require child care _____ days per week. Child will require child care _____ hours per day.

Reason for referral: (if more space is required please provide an attachment).

Length of time required: _____

Referring person's signature: _____ Date: _____

Profession: _____ Name: _____

Address: _____ Phone Number: _____

L. I state that the information given in this Child Care Subsidy Application is true, correct and complete and that I have not withheld any information which may have an effect on my benefits. I understand I may be liable to criminal prosecution for withholding information or providing false or misleading information.

Reporting Requirements

I agree to report to the Ministry of Social Services any changes in my circumstances, or the circumstances of my family members, that may affect my eligibility for benefits, or the eligibility of my family members. I understand some examples of such changes are changes in address, income from any source, number of dependents, marital status (including common-law relationships), living arrangements and change in reason for child care services. If I am in doubt as to whether any changes in circumstances will effect my eligibility, I agree to report this to the Ministry of Social Services, Child Care Subsidy office.

Client Consent

I give my consent to the Ministry of Social Services to obtain and verify information or documents required to confirm my eligibility, or the eligibility of my family members for benefits under the Child Care Subsidy program. I understand information includes income received from any source, employment records, marital status (including common-law relationships), and living arrangements of myself or my family members. I give consent to use my Social Insurance Number and the Health Services Number for myself and all family members for the purposes of administration of the Child Care Subsidy program.

I give my consent to any ministry, person, or agency having such information or documents to release them upon written or verbal request to employees of the Ministry of Social Services. I understand examples include, but are not restricted to, information or documents from: the Ministry of Education, Advanced Education, Employment and Labour, Employment and Social Development Canada (Employment Insurance), Workers' Compensation Board, Saskatchewan Government Insurance, any bank, credit union or other financial institution, any landlord and past employers.

I give consent to the Ministry of Social Services to disclose my information to third parties where the information is necessary to verify and confirm my eligibility for benefits or to assist in providing additional benefits. I understand third party examples include, but are not restricted to the Ministry of Education, Advanced Education, Employment and Labour and other social assistance programs.

I give my consent to the Ministry of Social Services to advise my child care facility that my subsidy benefits have been placed on hold. I understand this information may be shared with the facility as my benefits are paid directly to the child care facility on my behalf.

Signature of Applicant

Signature of Spouse/Common-law

Date |_____| |_____| |_____|
Year Month Day

Home telephone number

Please be sure address section has been completed correctly on Page 1