

Child Care Subsidy Update Form

On January 16, 2024, the Ministry of Social Services launched a new Saskatchewan Employment Incentive (SEI) program to replace the Child Care Subsidy (CCS) program. The CCS program is closed to new applicants.

Clients who applied before January 16, 2024 will continue to receive benefits as long as they continue to meet CCS eligibility criteria. CCS benefits may be provided to new children added to an eligible family already in receipt of CCS as of January 15, 2024.

CCS clients may apply for the new SEI if eligible. Clients cannot receive CCS benefits and SEI benefits at the same time.

You can use this form to either **make changes or update** your information for Child Care Subsidy benefits. If you aren't sure about what information you might need to give us, we recommend you read our **Reporting Guide** to help you. If you still have any questions about this form please contact us toll-free at 1-800-667-7155. **We would be happy to help!**

Child Care Subsidy Case Number

Tip: The Child Care Subsidy Case Number can be found in the top right corner of your eligibility letter.

Applicant First Name: _____ Last Name: _____

Spouse First Name: _____ Last Name: _____

Reasons for Child Care Services

| | Applicant | Spouse/Common Law |
|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. Employed | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Start Date: _____ Y/M/D End Date: _____ Y/M/D Employer _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Start Date: _____ Y/M/D End Date: _____ Y/M/D Employer _____ |
| B. Seeking Employment | <input type="checkbox"/> Yes <input type="checkbox"/> No Last Date Worked or Attended School _____ Y/M/D | <input type="checkbox"/> Yes <input type="checkbox"/> No Last Date Worked or Attended School _____ Y/M/D |
| C. Education/Training | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time School/Facility Name: _____ Start Date: _____ Y/M/D End Date: _____ Y/M/D | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time School/Facility Name: _____ Start Date: _____ Y/M/D End Date: _____ Y/M/D |

Income

| | Applicant | Spouse/Common Law |
|-------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------|
| Gross (before deductions) monthly amount: | \$ _____ | Gross (before deductions) monthly amount: \$ _____ |
| Pay dates: | _____ | Pay dates: _____ |
| Does your income change? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Does your income change? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Income source(s): | _____ | Income source(s): _____ |

Make sure to attach copies of all paystubs for the previous month.

Tip: Income source might include: Employment, training allowance, Student Loan, Employment Insurance, self-employment, pension, superannuation, Workers Compensation, maintenance, child support, etc.

D. Special Needs

If you require child care services because you or your children have a special need (a physical or intellectual disability, or short-term family crisis), a referral must be completed by a professional such as family doctor or social worker.

| | | |
|--------------------------------|----------------------------------------------------------------------------------------|--------------------------|
| Child's Name: _____ | # of days per week _____ | # of hours per day _____ |
| Length of time required: _____ | Reason for Referral: If more space is required, please attach separate sheet of paper. | |

Referring person's signature: _____ Date: _____

Profession: _____

E. Update of Children in Family Unit

Tip: Use this area to add or remove children from your case.

| Surname, Given Name | Birthdate | Health Services Number | Effective Date |
|---------------------|-----------|------------------------|----------------|
| | | | |
| | | | |

Child Care Services Required

Tip: Use this area when your child changes facilities or starts to attend a facility

| Child's Name | Start Date (M/D/Y) | Facility Name | Average hrs per week | Monthly Fee |
|--------------|--------------------|---------------|----------------------|-------------|
| | | | | |
| | | | | |

Declaration and Consent

I state that the information I provided is true, correct and complete. I have not withheld any information that might affect my Child Care Subsidy benefits. I give my consent for the Ministry of Social Services to obtain and verify my information or documents required to confirm my eligibility, or the eligibility of family members for the Child Care Subsidy. I understand this information includes income received from any sources, (examples include, but are not limited to: information or documents from the Ministry of Education, Canada Revenue Agency, a child care facility and employers) I give consent to any Government of Saskatchewan Ministry, person or agency to have and access this information, or any other relevant documents. I consent to give this information when asked for in writing or if an employee of the Ministry of Social Services asks me for it either by phone or in-person. I give consent to disclose my information to third parties where the information is necessary to verify and confirm my eligibility. You may be asked to submit documentation to verify the information you report.

Applicant Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

Phone Number (where you can be reached during the day): _____

Submit this Update form (by mail) to:

Child Care Subsidy
P.O. Box 2405, Station Main
Regina, SK S4P4L7

OR email OR fax a signed and scanned copy to the email OR fax listed below.