

Child Care Subsidy Update Form

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: _____

Reason for Child Care Services

Applicant

Spouse

A) Employed: Yes No
 Full-time Part-time

Start Date: MMM/DD/YYYY End Date: MMM/DD/YYYY

Employer Name: _____

B) Attending School: Yes No
 Full-time Part-time

Start Date: MMM/DD/YYYY End Date: MMM/DD/YYYY

School Name : _____

C) Seeking Employment: Yes No

When was your last day of work or school? _____
 MMM/DD/YYYY

Employed: Yes No
 Full-time Part-time

Start Date: MMM/DD/YYYY End Date: MMM/DD/YYYY

Employer Name: _____

Attending School: Yes No
 Full-time Part-time

Start Date: MMM/DD/YYYY End Date: MMM/DD/YYYY

School Name : _____

Seeking Employment: Yes No

When was your last day of work or school? _____
 MMM/DD/YYYY

Applicant

Income

Spouse

Gross (before deductions) monthly amount \$ _____

Pay dates: _____

Does your income change? Yes No

Income source(s): _____

Gross (before deductions) monthly amount \$ _____

Pay dates: _____

Does your income change? Yes No

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 (example # of months)
Reason for Referral: If more space is required, please attach a 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 (MMM/DD/YYYY)	Facility Name	Average hours 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 S4P 4L7 *OR email OR fax a signed and scanned copy to the email OR fax listed below.*