



APPLICATION FOR CHILD CARE FEE SUBSIDY

APPLICANT			
Are you currently a resident of the Algoma District? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, please note that you must be a resident of the Algoma District when subsidy begins.			
Surname:		Previous Name:	
First Name:		Middle Name:	
Date of Birth: D/M/Y		Social Insurance Number:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Common-Law <input type="checkbox"/> Widowed		
Preferred Language:	<input type="checkbox"/> English <input type="checkbox"/> French		
Are you receiving services from programs offered through Algoma District Services Administration Board (ADSAB)?		<input type="checkbox"/> Ontario Works / Temporary Care <input type="checkbox"/> Housing Services <input type="checkbox"/> Child Care Fee Subsidy <input type="checkbox"/> None	
Are you receiving services from the Ontario Disability Support Program (ODSP)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you are receiving any of the above services, please indicate the name of your Client Services Worker:			
ADDRESS			
Street Address / Unit Number			
Mailing Address (RR/Box #)			
Town/City			
Province			
Postal Code			
CONTACT INFORMATION			
Home Phone Number:		Cell Phone Number:	
Work Phone Number:		Message Phone Number:	
Email Address:			

SPOUSE (if applicable)

NOTE: "Spouse" includes either of two persons who are not married to each other and have cohabitated, a) continuously for a period of not less than three years, or b) in a relationship of some permanence, if they are the natural or adoptive parents of a child.

Surname:		Previous Name:	
First Name:		Middle Name:	
Date of Birth: D/M/Y		Social Insurance Number:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female		

OTHER ADULTS IN THE HOME

Do other adults live in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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WORK/SCHOOL

Please list current employment or school information for the applicant and the spouse (if applicable).

Applicant or Spouse Name	Employer or School Name	Work or School Contact Phone #	Hours of Work or Hours in School

CHILDREN

Please enter the information for each dependant child requiring Child Care Fee Subsidy.

Child 1

Surname:		First Name:		Middle Name:	
Date of Birth: D/M/Y		Language:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Child attends school:	<input type="checkbox"/> Yes <input type="checkbox"/> No	School Name:		Grade:	
Name of Child Care Centre the child will attend:					
Date you need for Child Care to begin:					
Does the child have special needs? (details will be reviewed at your interview)		<input type="checkbox"/> Yes <input type="checkbox"/> No			

Child 2					
Surname:		First Name:		Middle Name:	
Date of Birth: D/M/Y		Language:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Child attends school:	<input type="checkbox"/> Yes <input type="checkbox"/> No	School Name:		Grade:	
Name of Child Care Centre the child will attend:					
Date you need for Child Care to begin:					
Does the child have special needs? (details will be reviewed at the time of your interview)			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Child 3					
Surname:		First Name:		Middle Name:	
Date of Birth: D/M/Y		Language:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Child attends school:	<input type="checkbox"/> Yes <input type="checkbox"/> No	School Name:		Grade:	
Name of Child Care Centre the child will attend:					
Date you need for Child Care to begin:					
Does the child have special needs? (details will be reviewed at the time of your interview)			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Child 4					
Surname:		First Name:		Middle Name:	
Date of Birth: D/M/Y		Language:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Child attends school:	<input type="checkbox"/> Yes <input type="checkbox"/> No	School Name:		Grade:	
Name of Child Care Centre the child will attend:					
Date you need for Child Care to begin:					
Does the child have special needs? (details will be reviewed at the time of your interview)			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have other children in your care who need of child care? If yes, how many? You will be required to provide their information at your interview.					

INCOME

Are you currently in receipt of Social Assistance benefits from a First Nation or from another province?

Yes No

The amount you will pay towards child care costs, your “parental contribution”, is determined by your family’s annual net income.

Your net income can be found on line 236 of last year’s Federal Notice of Assessment.

If you have included spouse information in this application for Child Care Fee Subsidy, you must also include the spouse’s net income amount from their Federal Notice of Assessment. You must enter the combined amounts showing on line 236 from both of your Federal Notice of Assessment.

NOTE: Child Care Fee Subsidy cannot be determined without this information.

Total Annual Net Income

Net Amount

Enter the amount from line 236 of your Federal Notice of Assessment, or the combined total amounts from lines 236 if a spouse is included in this application.

\$

Note: Families with an adjusted annual net income of \$20,000 or less will have \$0.00 parental contribution towards child care.

CONSENT AND DECLARATION

The Applicant, and spouse if applicable, must read and sign the Consent and Declaration below.

I/We Declare that all information provided in this application is given to the best of my knowledge and belief. None of the information that is required has been purposely withheld or omitted from my application.

I/We Consent to the release and disclosure of my information and that of any of my dependent children, or children temporarily in my care, to an authorized representative of the Algoma District Services Administration Board for the purpose of determining my initial and/or ongoing eligibility for Child Care Fee Subsidy including my placement on the ADSAB Children’s Services wait list.

I/We Agree to inform the Algoma District Services Administration Board immediately of any changes in my circumstances such as changes in marital status, employment, school, training, choice of child care centre and/or any other changes. Failure to report changes may result in the cancellation of my application and/or removal of my Child Care Fee Subsidy and/or Children’s Services Wait list.

I/We Understand that the information I have provided in this application will belong to the Algoma District Services Administration Board. This information is considered confidential and will be used for the sole purpose of determining and verifying my initial and ongoing eligibility of Child Care Fee Subsidy and administering the delivery of Child Care Fee Subsidy in Algoma.

I/We Understand that by entering my/our name(s) on the line(s) below represents a valid signature.

Applicant Name

Date

Spouse Name (if applicable)

Date

Notice with Respect to the Collection of Personal Information

(Freedom of Information and Protection of Privacy Act and
the Municipal Freedom of Information and Protection of Privacy Act)

This information is collected under the legal authority of the Child Care and Early Years Act, 2014 for the purpose of administering subsidized child care in the Algoma District. For more information, contact the Algoma District Services Administration Board (ADSAB) Manager of Children’s Services and Early Learning at 705- 842-3370.

INSTRUCTIONS

How to complete the Application for Child Care Fee Subsidy

You may complete your application:

- Using a computer or electronic device, or
- By printing the application and entering the required information using a pen.

When you are ready to submit your Application for Child Care Fee Subsidy, please **submit only pages 1 to 5. Keep the "Instructions" page and "Documents Required For Child Care Fee Subsidy" for your reference.**

- 1)** Review the "Documents Required For Child Care Fee Subsidy" (see next page). It will be easier to complete each section of the application if you have all of the information in front of you. You will also need to gather these documents and have them available for your appointment once it's scheduled.
- 2)** Enter information in all fields for applicant, spouse (if applicable), child, and income sections. Missing information could delay the determination of eligibility process.
- 3)** Read the Consent and Declaration. The Consent and Declaration authorizes your Application for Child Care Fee Subsidy.

If completing the application using a computer or electronic device, type in your name, and your spouse's name (if applicable) and the date. If you have a spouse listed in the application, by typing their name in the Consent and Declaration section, it is understood that they are providing their consent.

If completing a paper copy of the application, sign and date it. If you have listed a spouse on your application, the spouse must also sign and date the Consent and Declaration.

- 4)** If using a computer or electronic device, save pages 1 to 5 of the application where you can easily find it on your computer or electronic device. E-mail your Application for Child Care Fee Subsidy to cc-feesubsidy@adsab.on.ca

If completing a paper copy of the application, you can submit it in person, by mail, or by fax to the nearest Algoma District Services Administration Board (ADSAB) office.

If you encounter problems while completing the application, contact your nearest ADSAB office.

**Your Application for Child Care Fee Subsidy has been submitted.
What happens next?**

- 1) Once your Application for Child Care Fee Subsidy is received, it will be date/time stamped.
- 2) If there is a wait list for child care fee subsidy, you will receive a letter confirming that your application has been placed on the ADSAB Child Care Fee Subsidy Wait List.
- 3) If there is no wait list for child care fee subsidy, a Client Services Worker will contact you to schedule an appointment to determine eligibility. You must provide documents to support the information you provided in your application. See the **"Documents Required for Child Care Fee Subsidy"** for the list of documents you will need to gather.
- 4) If you haven't already done so, you should register the child(ren) listed on your application at the Child Care Centre of your choice as soon as possible, as they may have a wait list for a child care space. The Child Care Centre's space wait list is separate from the ADSAB Child Care Fee Subsidy wait list.
- 5) You will be asked to provide us with a **Child Care Space Availability Form** from the Child Care Centre. This form confirms the date your child(ren) can start attending child care and it confirms when we may begin child care fee subsidy if you are eligible. You can obtain a "Child Care Space Availability Form" from the Child Care Centre, from an ADSAB Office, or it can be found on the ADSAB website www.adsab.on.ca

**Algoma District Services Administration Board (ADSAB)
Office Locations**

Hours

**8:00 a.m. to 12:00 p.m.
1:00 p.m. to 4:45 p.m.
Monday to Friday**

Email

cc-feesubsidy@adsab.on.ca

Elliot Lake	Blind River	Thessalon	Wawa
2 Elizabeth Walk Elliot Lake ON P5A 1Z3	15 Hanes Street P.O. Box 1810 Blind River ON P0R 1B0	135 Dawson Street Suite 201 Thessalon ON P0R 1L0	50 Broadway Avenue P.O. Box 420 Wawa ON P0R 1K0
Ph: 705-848-7153 Fax: 705-843-0482	Ph: 705-356-2263 Fax: 705-843-0482	Ph: 705-842-3370 Fax: 705-842-3747	Ph: 705-856-2303 Fax: 705-856-1644

DOCUMENTS REQUIRED FOR CHILD CARE FEE SUBSIDY

Bring the documents that apply from the list below to your interview

IDENTIFICATION	VERIFICATION REQUIRED
a) Birth Dates	Birth Certificate, Baptismal Certificate , Passport, Citizenship Card, or Valid Immigration status document for applicant, spouse and children.
b) Social Insurance Number(s)	SIN card, Confirmation of SIN letter from Service Canada, or other official document noting SIN for applicant and spouse.
INCOME	VERIFICATION REQUIRED
a) Net Annual Income	Most recent Federal Notice of Assessment (NOA) or Proof of Income Statement from CRA. If you need a replacement NOA call: 1-800-959-8281 To obtain a Proof of Income from CRA, you must be registered for, or need to create an account at www.canada.ca/en/services/taxes
b) Canada Child Benefit (CCB)	CCB Notice If you need a replacement CCB Notice call: 1-800-387-1193 OR register for an account at www.canada.ca/en/services/taxes
IF EMPLOYED...	VERIFICATION REQUIRED
	- Two (2) most recent consecutive paystubs that shows name of employer - Verbal or documented work schedule (hours of work)
IF A STUDENT...	VERIFICATION REQUIRED
	A document showing the name of the school, course, start and end date and school schedule (full time/part time) such as: - A letter from the school - OSAP Assessment Summary
IN RECEIPT OF OW, ODSP, ACSD...	VERIFICATION REQUIRED
	Proof of income from Ontario Works (OW), Ontario Disability Support Program (ODSP), or Assistance for Children with Severe Disabilities Program (ACSD)
CHILD CUSTODY	VERIFICATION REQUIRED
	Legal custody documentation or written custody agreement
SPECIAL NEEDS/SOCIAL REFERRAL	VERIFICATION REQUIRED
If applicable	A written referral from a social services agency, family physician, or early intervention/prevention agency or professional who is working with the child/family.
DISABILITY RELATED EXPENSES	VERIFICATION REQUIRED
If applicable. A determination of “disabled” or “special needs” for the adult or child has been made by a regulated health practitioner.	Receipts for Disability related expenses, not previously reimbursed.