



SUPPLEMENTARY APPLICATION FOR CHILD CARE FEE SUBSIDY

Complete this application to request Child Care Fee Subsidy for dependant child(ren) who are not included in your recent Child Care Fee Subsidy assessment, and who are not included in your signed Child Care Fee Subsidy Parent/Guardian Agreement.

APPLICANT	
Applicant full name:	
Spouse's full name (if applicable):	
Name of your ADSAB Client Services Worker:	
Preferred Language:	<input type="checkbox"/> English <input type="checkbox"/> French

CHILDREN					
Enter the information for each additional 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 are in need of child care? If yes, how many? You will be required to provide their information at your interview.					

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 Supplementary 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 Supplementary Application for Child Care Fee Subsidy, please **submit only pages 1 to 3. Keep the "Instructions" page for your reference.**

- 1)** Enter information in all fields for applicant, spouse (if applicable), and child(ren) for whom you are requesting additional child care fee subsidy.
- 2)** Read the Consent and Declaration. The Consent and Declaration authorizes your Supplemental 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.

- 3)** If using a computer or electronic device, save pages 1 to 3 of the application where you can easily find it on your computer or electronic device. E-mail your Supplemental 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 Supplementary Application for Child Care Fee Subsidy has been submitted. What happens next?

- 1)** Once your Supplementary 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, your Client Services Worker will contact you to schedule an appointment to determine eligibility for the additional child(ren) who you are requesting child care fee subsidy for.
- 4) **You must provide your Client Services Worker with the following documents:**
 - Birth Certificate or Baptismal Certificate for each additional child
 - Child custody agreement, if applicable
 - If applicable, a written referral from a social services agency, family physician, or agency or professional who is working with the child(ren)/family.
- 5) 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.
- 6) 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