BRITISH COLUMBIA | Ministry of Children and Family Development

CHILD CARE SUBSIDY APPLICATION

The personal information collected on this form is collected under the authority of the *Freedom of Information and Protection of Privacy Act* for the purpose of administering the *Child Care Subsidy Act*. *The Freedom of Information and Protection of Privacy Act* protects the personal information collected from unauthorized use and disclosure. If you have any questions about the collection, use or disclosure of this information, please call the Child Care Subsidy Service Centre at 1 888 338-6622 or inquire in writing to the address at the end of this form.

DS NUMBER (office use only)

You are required to contact the Child Care Subsidy Service Centre if there is any change to your circumstances after you have applied.
For more information call the toll free number 1-888-338-6622 or visit the web site (http://www.mcf.gov.bc.ca/childcare/application.htm).

1. Applicant Information

APPLICANT'S LAST NAME		FIRST		MIDDLE
☐ MALE ☐ FEMALE	BIRTH DATE (YYYY/MM/DD)	SOCIAL INSURANCE NUMBER	PRIMARY PHONE ( )	SECONDARY PHONE ( )
HOME ADDRESS (Include Apartment # and Street name)		CITY/TOWN		POSTAL CODE
MAILING ADDRESS (if different than home address)		CITY/TOWN		POSTAL CODE

Do you receive government disability benefits? ☐ NO ☐ YES — If yes, submit a photocopy of benefit statement

2. Applicant's Status in Canada

Is this your first time applying? ☐ NO — go to Section 3 ☐ YES — indicate your status in Canada.

☐ Canadian Citizen ☐ Permanent Resident of Canada ☐ Convention Refugee/Person in Need of Protection

Submit a photocopy of one of the applicable documents as proof of status in Canada. (i.e. Canadian Birth Certificate, Certificate of Canadian Citizenship, valid Canadian passport, Permanent Resident Card, IMM 1000 or IMM 5292 Record of Landing)

3. Applicant's Need for Child Care Check ☑ any that apply. If your need changes call 1-888-338-6622.

☐ I am currently employed or self-employed. — If employed, submit photocopies of your two most recent pay slips. If self-employed, submit Self Employment form (CF2568).

PLACE OF EMPLOYMENT or NAME OF BUSINESS	START DATE (YYYY/MM/DD)	END DATE if known	PHONE ( )

DAYS/WEEK: ☐ MON ☐ TUE ☐ WED ☐ THU ☐ FRI ☐ SAT ☐ SUN

HOURS/DAY From: _____ To: _____

Do you have currently have a second job? ☐ NO ☐ YES — attach a separate copy of this page, with this portion completed with details of that job.

Does your schedule vary? ☐ NO ☐ YES — Submit a typical work schedule.

☐ I am currently attending an educational institution — Submit photocopies of proof of registration, class schedule and any funding.

NAME OF INSTITUTION (SCHOOL)	START DATE (YYYY/MM/DD)	END DATE	PHONE ( )

DAYS/WEEK: ☐ MON ☐ TUE ☐ WED ☐ THU ☐ FRI ☐ SAT ☐ SUN

HOURS/DAY From: _____ To: _____

☐ I am currently participating in a Ministry of Social Development referred employment-related program — Submit a copy of your Employment Plan. If you are participating in another type of employment related program complete the section "I am currently looking for work".

NAME OF PROGRAM	START DATE (YYYY/MM/DD)	END DATE if applicable	PHONE ( )

☐ I am currently looking for work. — Indicate the time spent looking for work.

START DATE (YYYY/MM/DD)	END DATE if applicable

HOURS/DAY From: _____ To: _____

DAYS/WEEK: ☐ MON ☐ TUE ☐ WED ☐ THU ☐ FRI ☐ SAT ☐ SUN

Keep a record of work search activities as you will be asked to supply proof of your activities.
Note: In a two parent family, only you or your spouse (not both) may be seeking employment to be eligible for child care subsidy.

3. Applicant's Need for Child Care continued

☐ I currently have a medical condition.

A medical doctor must confirm that the condition interferes with your ability to care for your child(ren) who require child care. Have a medical doctor complete a Medical Condition form (CF2914) for you to submit with this application.

☐ I/We have been referred by a Ministry of Children and Family Development or delegated Aboriginal Agency social worker.

Your social worker must arrange or recommend child care under the *Child, Family and Community Service Act.* Have your social worker complete and submit a referral (CF2044) on your behalf. You must also complete and submit this application, along with any supporting documents.

☐ My/Our child(ren) attend(s) a licensed preschool program

4. Applicant's Marital Status — If your marital status changes call 1-888-338-6622.

☐ I am single, separated, divorced, or widowed — Go to Section 6.

☐ I am married or living in a marriage-like relationship and my spouse resides with me — Complete this section with your spouse's information

NOTE: If you are a foster parent applying for subsidy for a foster child, go to Section 7

Is this the first time you've indicated that you have a spouse when applying? ☐ NO ☐ YES

If yes, submit a photocopy of one (1) piece of government issued identification for your spouse.

SPOUSE'S LAST NAME		FIRST	MIDDLE
☐ MALE ☐ FEMALE	BIRTH DATE (YYYY/MM/DD)	SOCIAL INSURANCE NUMBER	Does your spouse receive government disability benefits? ☐ NO ☐ YES If yes, submit a photocopy of benefit statement

5. Spouse's Need for Child Care Check ☑ any that apply. If your spouse's need changes call 1-888-338-6622.

☐ My spouse is currently employed or self-employed.

If employed, submit photocopies of your spouse's last two pay slips
If self-employed, submit Self Employment form (CF2568).

PLACE OF EMPLOYMENT or NAME OF BUSINESS	START DATE (YYYY/MM/DD)	END DATE if known	PHONE
			( )

DAYS/WEEK:

☐ MON ☐ TUE ☐ WED ☐ THU ☐ FRI ☐ SAT ☐ SUN

HOURS/DAY

From: _____ To: _____

Does your spouse have a second job, at the present?

☐ NO ☐ YES — attach a separate copy of this page, with this portion completed with details of that job.

Does your spouse's schedule vary?

☐ NO ☐ YES — Submit a typical work schedule.

☐ My spouse currently attends an educational institution

Submit photocopies of proof of registration, class schedule and any funding.

NAME OF INSTITUTION (SCHOOL)	START DATE (YYYY/MM/DD)	END DATE	PHONE
			( )

DAYS/WEEK:

☐ MON ☐ TUE ☐ WED ☐ THU ☐ FRI ☐ SAT ☐ SUN

HOURS/DAY

From: _____ To: _____

☐ My spouse currently participates in a Ministry of Social Development referred employment-related program

Submit a copy of your spouse's Employment Plan. If your spouse is participating in another type of employment related program complete the section "My spouse is currently looking for work".

NAME OF PROGRAM	START DATE (YYYY/MM/DD)	END DATE if applicable	PHONE
			( )

☐ My spouse is currently looking for work.

Indicate the time spent looking for work.

START DATE (YYYY/MM/DD)	END DATE if applicable

HOURS/DAY

From: _____ To: _____

DAYS/WEEK:

☐ MON ☐ TUE ☐ WED ☐ THU ☐ FRI ☐ SAT ☐ SUN

Keep a record of your spouse's work search activities as you will be asked to supply proof of his/her activities.
Note: In a two parent family, only you or your spouse (not both) may be seeking employment to be eligible for child care subsidy.

☐ My spouse currently has a medical condition.

A medical doctor must confirm that the condition interferes with your spouse's ability to care for your child(ren) who require child care. Have a medical doctor complete a Medical Condition form (CF2914) and return it to you to submit with this application.

6. Income Test If your income changes call 1-888-338-6622.

Do any of the following circumstances apply to your situation?

Receive Child in the Home of a Relative (CIHR) or Extended Family Program (EFP) assistance; foster parent applying for a foster child; or care for a child under a court ordered temporary or interim custody order with MCFD.

☐ NO → Complete the rest of this section ☐ YES → Go to Section 7.

	APPLICANT	SPOUSE
What are your sources of Income? Check ☑ any of the boxes that apply. **Submit proof of income.** Include photocopies of two most recent pay slips or income statements for regularly received income and periodic income.		
	☐ Employment Income	☐ Employment Income
	☐ Self-employment income (submit CF2568)	☐ Self-employment income (submit CF2568)
	☐ Employment Insurance benefits	☐ Employment Insurance benefits
	☐ Income Assistance or Band Assistance	☐ Income Assistance or Band Assistance
	☐ Worksafe BC	☐ Worksafe BC
	☐ Federal benefits (CPP, Survivors benefits, CPP disability)	☐ Federal benefits (CPP, Survivors benefits, CPP disability)
	☐ Training or living allowance	☐ Training or living allowance
	☐ Grants/bursaries/scholarships	☐ Grants/bursaries/scholarships
	☐ Other investment, interest	☐ Other investment, interest
	☐ Spousal and/or child support received.... $ _____ avg/month	☐ Spousal and/or child support received.... $ _____ avg/month
	☐ Tips ..... $ _____ avg/month	☐ Tips ..... $ _____ avg/month
	☐ Income from Dependent Adults.....$ _____ /month	☐ Income from Dependent Adults.....$ _____ /month
	☐ Rental Income (room/board/suite) .....$ _____ /month	☐ Rental Income (room/board/suite) .....$ _____ /month
	☐ Other income _____.....$ _____ /month	☐ Other income _____.....$ _____ /month

7. List all children who require child care

If this is your first time applying submit a photocopy of one (1) piece of government issued identification for each child (i.e. Birth Certificate or Care Card). If you have more than two children requiring child care, submit a separate copy of this page.

If you have shared custody for any child requiring care, complete the "Time Of Day & Days Required" section only for the time the child is in your custody.

CHILD'S LAST NAME	FIRST	BIRTH DATE (YYYY/MM/DD)	☐ MALE ☐ FEMALE

Check ☑ any boxes that apply to this child

☐ receive CIHR or EFP assistance (submit proof)

☐ Foster Child

☐ Temporary/Interim Custody order

☐ Child with Special Needs (submit Special Needs CF2951)

If this child attends school, check one:

☐ Kindergarten

☐ Grade 1 and up

Child Care Provider (submit Child Care Arrangement CF2798)	START DATE (YYYY/MM/DD)	END DATE (YYYY/MM/DD)	# OF HOURS/ DAY	# OF DAYS/ WEEK	# OF DAYS/ MTH (max.20)

TIME OF DAY & DAYS CARE IS REQUIRED (check any that apply)

☐ Morning ☐ Afternoon ☐ Evening ☐ Weekends ☐ Before School ☐ After School

Time from: _____ to _____ ☐ MON ☐ TUE ☐ WED ☐ THU

Time from: _____ to _____ ☐ FRI ☐ SAT ☐ SUN

CHILD'S LAST NAME	FIRST	BIRTH DATE (YYYY/MM/DD)	☐ MALE ☐ FEMALE

Check ☑ any boxes that apply to this child

☐ receive CIHR or EFP assistance (submit proof)

☐ Foster Child

☐ Temporary/Interim Custody order

☐ Child with Special Needs (submit Special Needs CF2951)

If this child attends school, check one:

☐ Kindergarten

☐ Grade 1 and up

Child Care Provider (submit Child Care Arrangement CF2798)	START DATE (YYYY/MM/DD)	END DATE (YYYY/MM/DD)	# OF HOURS/ DAY	# OF DAYS/ WEEK	# OF DAYS/ MTH (max.20)

TIME OF DAY & DAYS CARE IS REQUIRED (check any that apply)

☐ Morning ☐ Afternoon ☐ Evening ☐ Weekends ☐ Before School ☐ After School

Time from: _____ to _____ ☐ MON ☐ TUE ☐ WED ☐ THU

Time from: _____ to _____ ☐ FRI ☐ SAT ☐ SUN

8. List all dependent adults and/or children living in your household, not already indicated on this form

The number of dependants in the household may affect your amount of subsidy. Attach additional sheets as needed. If this is your first time listing this person on your application, submit identification for the person.

DEPENDANT'S LAST NAME		FIRST	MIDDLE
☐ MALE ☐ FEMALE	BIRTH DATE (YYYY/MM/DD)	SOCIAL INSURANCE NUMBER (If Applicable)	Does this person receive government disability benefits? ☐ NO ☐ YES If yes, submit a photocopy of the benefit statement.

DEPENDANT'S LAST NAME		FIRST	MIDDLE
☐ MALE ☐ FEMALE	BIRTH DATE (YYYY/MM/DD)	SOCIAL INSURANCE NUMBER (If Applicable)	Does this person receive government disability benefits? ☐ NO ☐ YES If yes, submit a photocopy of the benefit statement.

9. Declaration

Applicant: I confirm the information supplied by me is true and complete. I understand that:

- I am required to promptly supply information to the Child Care Subsidy Program if there is a change to any of the information I have provided in this application or to any subsequently provided information.
- It is an offence under the *Child Care Subsidy Act* to supply false or misleading information.
- Subsidy may be paid from the first day of the month in which the application is completed, or the date child care begins, whichever is later. I am responsible for child care fees prior to this date.
- Information contained in this document may be reviewed, audited and verified as provided by Section 5 of the *Child Care Subsidy Act*. I consent to the verification of information provided regarding this application, or any updated or subsequently provided information. I also consent to the collection of verifying information from third parties. Information may be verified with any person or source, for the purpose of determining or auditing my eligibility for Child Care Subsidy.

Consent to share information

As the applicant, do you consent to the disclosure of information to your spouse, as identified on this form, relating to this application or your eligibility for child care subsidy by the Child Care Subsidy Service Centre?

☐ **Yes.** Share information with my spouse. If I wish to withdraw this consent, I may do so at any time by writing to the Child Care Subsidy Service Centre.

☐ **No.** Do not share any information about this application or my eligibility with my spouse.

APPLICANT'S NAME (please print)	APPLICANT'S SIGNATURE	DATE SIGNED (YYYY/MM/DD)

Spouse Consent

I consent to the verification of information provided by the applicant regarding myself in this application, or any updated or subsequently provided information. I also consent to the collection of verifying information from third parties. Information may be verified with any person or source, for the purpose of determining or auditing my eligibility for Child Care Subsidy.

SPOUSE'S NAME (please print)	SPOUSE'S SIGNATURE	DATE SIGNED (YYYY/MM/DD)

Once completed, please fax or mail to the Child Care Subsidy Service Centre.
Keep a copy for your records.

If you are faxing your application, please clearly print your name and your social insurance number on each page of this form.

Toll Free Fax 1-877-544-0699
Toll Free Phone 1-888-338-6622

Mailing Address
Child Care Subsidy Service Centre
PO Box 9953 Stn Prov Govt
Victoria BC V8W 9R3