

EMPLOYMENT ONTARIO – SECOND CAREER (SC)

Request for Financial Assistance for Dependent Care Costs

Applicant name: _____ Number of training weeks: _____

Skills Training Program start date: _____

Skills Training Program end date: _____

Name of Skills Training Program: _____ Name of Training Institution: _____

You must complete this application if you are requesting financial assistance for dependent care costs as part of your application for financial assistance under the Second Career Program. These are **incremental costs** incurred for the care of a child less than 14 years of age or person with a disability who is dependent upon you for care while you are attending the skills training course/program. A dependant must reside with you or be under your care and be wholly or partially dependent on you for support.

Please note:

- The Ministry will consider how the dependent was cared for in the year prior to this application and how the dependent will be cared for after the completion of the skills training course/program.
- Financial assistance will not be provided for dependent care provided by a person who is related to you by birth or marriage except where there is proof that this arrangement existed prior to this application or that other dependent care arrangements are not available to you.

1) Please list the dependant(s) for whom you are requesting financial assistance for dependent care costs.

| Dependant's Full Name | Date of Birth (Only for children under 14 years of age) | Relationship to Applicant (you) | Total # of Hours of care required per day during training | | | Cost of care per hour/week/month (specify) during training | Validation of Proof of birth (Signature of Employment Service (ES) Provider or Ministry is required) |
|-----------------------|--|---------------------------------|---|------------------------------|------------|--|--|
| | | | Before/After School | Professional Development Day | Study Week | | |
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1a) Upon presentation of proof of the date of birth of each dependent child under the age of 14 years, your ES service provider must provide their signature in the appropriate area in the chart above.

2) Who provided the dependent care for these dependants in the last 12 months prior to your training start date? (Check all that applies below)

- ☐ You or your spouse
- ☐ Licensed child care provider licensed by the Ministry of Education under the *Day Nurseries Act*
- ☐ Private home day care provider associated with a licenced private home day care agency
- ☐ Recreation program eligible for a fee subsidy under the *Day Nurseries Act*
- ☐ Informal care provider (non-relative)
- ☐ Informal care provider (relative by birth or marriage)
- ☐ Other (please explain): _____

3) What are your current or most recent costs for dependent care expenses for **each** dependant? Provide amounts and attach proof of the payment.

\$ _____

If you are unable to present any current proof of payment an explanation why proof of payment is not available:

4) If the dependent care has been provided by a licensed child care provider, private home day care provider associated with a licensed private home day care agency or eligible recreation program, have you or another family member received a fee subsidy under the *Day Nurseries Act* for these dependents' care?

Yes ☐ No ☐ If yes, what is the amount of the fee subsidy? \$ _____ daily/weekly/monthly

5) Are you or anyone else receiving funding from any other source for all or any portion of the dependent care costs for these dependants?

Yes ☐ No ☐ If yes, please identify the source below and the amount.

| | | |
|---|----------|----------------------|
| <input type="checkbox"/> Canada Child Tax Benefit | \$ _____ | daily/weekly/monthly |
| <input type="checkbox"/> Ontario Child Benefit | \$ _____ | daily/weekly/monthly |
| <input type="checkbox"/> Ontario Child Care Supplement for Working Families | \$ _____ | daily/weekly/monthly |
| <input type="checkbox"/> Universal Child Care Benefit | \$ _____ | daily/weekly/monthly |
| <input type="checkbox"/> Other: please explain: _____ | \$ _____ | daily/weekly/monthly |

6) If you receive dependent care does this person live with you? Yes ☐ No ☐

In the last 12 months prior to your training start date, how many hours of care did this person provide for your dependant(s)? _____ daily/weekly/monthly

If the person is related to you, **please provide proof** of the length of time this arrangement has been in place.

7) If you have a spouse* or there is another parent, is he or she able to care for these dependants? Yes ☐ No ☐
If no, please explain:

Is your spouse receiving financial assistance for dependent care costs under any other Employment Ontario program for these dependants?

Yes ☐ No ☐

Name of Spouse: _____

8) If the dependant(s) have another parent (other than your spouse), is he or she able to care for them?

Yes ☐ No ☐ N/A ☐

Note: **The “Other Parent” declaration must be completed or you must provide a signed notation as to the reasons why this cannot be completed.**

Other parent’s name(s): _____

***Spouse means either of two persons who are married to each other or who are not married or a common law partner living together as a couple and who have cohabited for a continuous period of at least one year.**

Required Documentation:

1. You are required to present proof of the date of birth of each dependent child under the age of 14 years (e.g., copy of child’s Birth Certificate, Statement of Live Birth, Government of Canada Child Tax Benefit cheque stub, copy of baptismal certificate) to your Employment Service (ES), Service Provider.
2. You are required to attach the following documents to this application:
 - Proof of the payment you have made in the last year for dependent care costs, showing the dependent care provider, the hours of care provided and the amount paid.
 - If the dependent care is provided by a person who is related to you by birth or marriage, proof of the period during which this dependent care has been provided. An example of proof of the prior existence of this arrangement would be an income tax return with receipts for dependent care expenses filed by you or your spouse (i.e. whoever had the lower income and was able to claim the Child Care Expenses Deduction).
 - If the dependent care is provided by a person who is related to you by birth or marriage and this is a new arrangement, an explanation of why other dependent care is not available.
 - Declaration signed by your dependent care provider.
 - Declaration signed by the other parent(s) (other than your spouse) of your dependant(s).
3. You are required to present or provide any other documentation the Ministry may require in order to administer and finance this application for financial assistance.

Applicant’s Declaration:

I declare that:

- a) The above mentioned dependant(s) require supervised care during part or all of the time while I am attending the skills training program. I declare that I cannot participate in the workshop activity without receiving financial assistance for dependent care costs and that I will use this financial assistance to pay the dependent care costs.
- b) I have advised my dependents who are over the age of 18 years that I have provided limited personal information about them for this application. I have showed them the Notice of Collection and have obtained their consent to the disclosure and use of their personal information in connection with my application.
- c) The information provided to the Ministry in connection with this application and in the supporting documentation is true, accurate and complete in every respect and that I will promptly inform the Ministry if any of this information changes; if not I acknowledge that I may be required to repay some or all of the financial assistance paid to me by the Ministry.
- d) I understand that I must present copies of all original receipts for payments made for the dependent care service received as instructed by the Ministry; if not I acknowledge that I may be required to repay some or all of the financial assistance paid to me by the Ministry. A copy of the dependent care provider declaration must be completed and presented with this request. Receipts must indicate the name of the dependent care provider, the name of the dependant, the period of care and the amount received. Receipts must be signed and dated by the dependent care provider.
- e) I have read and understand this application, including the Notice of Collection of Personal Information, and I consent to the Ministry disclosing my personal information to and collecting relevant personal information from other parties mentioned in this application for the purposes of administering and financing Second Career.

Applicant’s Signature

Date

Spouse’s Declaration:

I declare that:

- a) The information provided to the Ministry in connection with this application and in the supporting documentation is true, accurate and complete in every respect; if not I acknowledge that the applicant may be required to repay some or all of the financial assistance paid by the Ministry.
- b) I have read and understand this application, including the Notice of Collection of Personal Information, and I consent to the Ministry disclosing my personal information to and collecting relevant personal information from other parties mentioned in this application for the purposes of administering and financing Second Career.

Spouse Signature

Date

Notice of Collection of Personal Information:

Your personal information, including your Social Insurance Number, provided in connection with this application will be used by the Ministry of Training, Colleges and Universities (Ministry) to administer and finance the applicant's financial assistance for dependent care costs in conjunction with the applicant's application for Second Career. The Ministry will collect relevant personal information directly from you and indirectly from your dependent care provider and others who may have information relevant to the verification of the applicant's application and participation in Second Career. The Ministry may use the services of the Ministry of Government Services for payment and collections matters and may use other parties to administer and finance Second Career. You may also be contacted to participate in surveys and public relations campaigns related to Second Career.

Administration includes; assessing and verifying your application, eligibility for and any financial assistance provided by the Ministry; providing financial assistance; maintaining and auditing your file;; collecting overpayments and repayments; monitoring, auditing and enforcing your Employment Service Provider's compliance with its agreement with the Ministry; coordination with Canada in accordance with Ontario's obligations under the Labour Market Development Agreement between Canada and Ontario (LMDA) or the Labour Market Agreement between Canada and Ontario (LMA); planning, evaluating and monitoring the Employment Ontario program for quality improvements, including conducting surveys; and conducting policy and statistical analysis, research and evaluation related to all aspects of Employment Ontario programs and services.

The Ministry collects your personal information in accordance with the LMDA, the LMA, ss. 63 and 139 of the *Employment Insurance Act*, S.C. 1996, c.23, as amended, s.76.29 of the *Employment Insurance Regulations*, SOR/96-332, ss. 10, 34(1) and 36(1) of the *Department of Human Resources and Skills Development Act*, S.C. 2005, c.34, s. 8 of the *Privacy Act*, R.S. 1985, c. P-21, as amended and s. 10.1 of the *Financial Administration Act*, R.S.O. 1990, c.F.12, as amended.

For more information about the collection and use of your personal information to administer and finance the Employment Ontario Program, you can contact the Manager, Employment Ontario Hotline, in writing at the Ministry of Training, Colleges and Universities, 33 Bloor Street East, 2nd Floor, Toronto, Ontario M4W 3H1 or by phone at 1-800-387-5656.