

The personal information collected on this form is under the authority of the *Government Organization Act* and managed in accordance with the *Freedom of Information and Protection of Privacy Act*. The information will be used to determine eligibility for child care subsidy.

If you have any questions about the collection, use or disclosure of this information, please contact the Alberta Supports Contact Centre at 1-877-644-9992 (toll free) or 780-644-9992 (Edmonton Area) between the hours of 8:15 a.m. - 4:30 p.m., Monday - Friday (except general holidays.)

To submit this application you may:

Complete it by phone at 1-877-644-9992 (Ext. 2)

Email a scanned copy to hs.childcaresubsidy@gov.ab.ca; with the subject line "Emergency Child Care Subsidy"

Fax this form to 1-780-422-5692.

COMPLETE ALL SECTIONS. PLEASE PRINT. USE INK ONLY.

Section 1 - Subsidy Information

What type of Subsidy are you applying for?

☐ Emergency Home Based Care ☐ Emergency Child Care Subsidy

Section 2 - Family Unit Information

Have you applied for Child Care Subsidy before? ☐ Yes ☐ No

Previous Applicant ID

Date Subsidy Required

Marital Status *(please check one)*

☐ Single ☐ Separated/Divorced ☐ Widow(ed)
☐ Married ☐ Cohabiting Partner

Section 3 - Applicant Information

Applicant's Last Name Applicant's First Name

Birthdate Social Insurance Number

Citizenship Status: ☐ Canadian Citizen ☐ Permanent Resident ☐ Other

Address *(include Apt #, street, P.O. Box#)*

City/Town **A B** Postal Code

Telephone Number (include area code)

Cell Phone Number (include area code)

Applicant Information - Continued

Reason for Care

☐ Exceptional Circumstances

Place(s) of Work/School (if applicable)

Contact Number of Work/School (include area code) | | | - | | | - | | | |

Do you ordinarily live On-Reserve? ☐ Yes ☐ No

Are you currently living Off-Reserve for the above noted Reason for Care? ☐ Yes ☐ No

If you answered "Yes" to either question, please provide the following:

Registration Number _____

[illegible]

Are you Métis? ☐ Yes ☐ No

Do you ordinarily live on a Métis Settlement? ☐ Yes ☐ No

Co-applicant Information

Co-applicant's Last Name

Co-applicant's First Name

Birthdate | yyyy mm dd
| | | | | | |

Social Insurance Number | - - -

Citizenship Status: ☐ Canadian Citizen ☐ Permanent Resident ☐ Other

Cell Phone Number (include area code) | | | | | | | |

Reason for Care

☐ Exceptional Circumstances

Place(s) of Work/School (if applicable)

A horizontal bar chart template consisting of a grid of 100 vertical lines, creating 100 equal-width columns. The grid is bounded by a top and bottom line, and a left and right line. The leftmost column is shaded light gray, representing 1% of the total width. The remaining 99 columns are white. This template is used to visually represent the percentage of the population that is 18 years of age or younger.

Contact Number of Work/School (include area code) | | | - | | | - | | | |

Do you ordinarily live On-Reserve? ☐ Yes ☐ No

Are you currently living Off-Reserve for the above noted Reason for Care? ☐ Yes ☐ No

If you answered "Yes" to either question, please provide the following:

Registration Number

Name of Reserve

Are you Métis? ☐ Yes ☐ No

Do you ordinarily live on a Métis Settlement? ☐ Yes ☐ No

Section 4 - Children's Details

Number of children living at home

Include children (under the age of 18 years) of the applicant and/or co-applicant who live in the same home and who are financially dependant on the applicant/co-applicant. Also include dependents who may be 18 years and older who are disabled or who attend high school and are financially dependent.

List Children requiring Child Care Subsidy

1 Child's Last Name

Child's First Name

Birthdate yyyy mm dd and Grade (if applicable)

Citizenship Status: ☐ Canadian Citizen ☐ Permanent Resident

Name and address of licensed day care, pre-school, out-of-school care, group family child care program or contracted Family Day Home Agency.

Estimated hours of care needed per month

Estimated Costs (\$ per month)

How many hours of care are needed outside regular business hours of Monday to Friday 6:00 a.m. to 6:00 p.m.?

Start Date yyyy mm dd

2 Child's Last Name

Child's First Name

Birthdate yyyy mm dd and Grade (if applicable)

Citizenship Status: ☐ Canadian Citizen ☐ Permanent Resident

Name and address of licensed day care, pre-school, out-of-school care, group family child care program or contracted Family Day Home Agency.

Estimated hours of care needed per month

Estimated Costs (\$ per month)

How many hours of care are needed outside regular business hours of Monday to Friday 6:00 a.m. to 6:00 p.m.?

Start Date yyyy mm dd

Child's First Name

Birthdate | yyyy mm dd | **and Grade (if applicable)** |

Citizenship Status: ☐ Canadian Citizen ☐ Permanent Resident

☐ Same as above **OR** Name and address of licensed day care, pre-school, out-of-school care, group family child care program, or contracted Family Day Home Agency.

Estimated hours of care needed per month

Estimated Costs (\$ per month)

How many hours of care are needed outside regular business hours of Monday to Friday 6:00 am to 6:00 pm?

Start Date | yyyy mm dd

Child's First Name

Birthdate | yyyy mm dd | **and Grade (if applicable)** |

Citizenship Status: ☐ Canadian Citizen ☐ Permanent Resident

☐ Same as above OR Name and address of licensed day care, pre-school, out-of-school care, group family child care program, or contracted Family Day Home Agency.

The image shows four identical horizontal number lines stacked vertically. Each number line has a vertical line at the left end and a vertical line at the right end. Between these two endpoints, there are 20 evenly spaced tick marks, creating 21 equal intervals. The number lines are intended for graphing the number line.

[illegible]

Estimated Costs (\$ per month)

How many hours of care are needed outside regular business hours of Monday to Friday 6:00 am to 6:00 pm?

Start Date | yyyy mm dd

(only complete if applying for the Emergency Home Based Care Program)

Caregiver's Last Name

Caregiver's First Name

Birthdate

yyyy

mm

dd

Two empty number lines are provided for recording data. Each line has 21 tick marks, but no numerical values are assigned to them.

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Postal Code

Telephone Number (include area code)

Declaration of Caregiver

I declare that the above information is true and accurate.

X

Signature of Caregiver

Date _____

FOR ALL SUBSIDY APPLICANTS

Applicant and Co-Applicant Declaration and Consent

- I declare that the information I have given on this application is true and complete.
- I understand that giving false or incomplete information, or not advising of any changes in circumstances may result in the termination or suspension of subsidy and the requirement to repay subsidy that I have received.
- I understand that the information I give on the application form may be verified by a Human Services representative at any time.
- I will advise Human Services Child Care Subsidy program immediately of any changes in circumstances that will affect my eligibility for subsidy.
- I understand that I may be required to provide additional information in order to confirm my initial and continuing eligibility for Child Care Subsidy. I understand that Human Services may initiate an investigation relating to my eligibility for Child Care Subsidy.

I consent to:

- Human Services staff disclosing to a licensed child care program, approved early learning program or family day home agency that I have chosen for the care of my child, information to identify myself/ourselves, my child(ren), our address, the amount of subsidy we are eligible to receive and the subsidy period.
- Human Services disclosing to other Ministries in the Government of Alberta and the Government of Canada the following information about myself/ourselves including: financial information, employment information, marital status, telephone numbers, dependents and addresses or the amount of subsidy I/we are eligible to receive to verify my/our eligibility for Child Care Subsidy and other government programs or benefits offered by the Government of Alberta or the Government of Canada.
- I/We consent to the release, by Canada Revenue Agency to an official of the Ministry of Human Services of income and expense information and identifying information about me/us and our children or dependents, including any social insurance number(s) from CRA records about me/us. The information will be relevant to, and will be used for the purpose of determining, verifying and/or auditing my/our eligibility for the subsidy and collection of overpayments of subsidy provided for in the Child Care Subsidy Program.
- In addition, I/we consent to the disclosure by an official of the Ministry of Human Services to a licensed child care program, approved early learning program or contracted family day home agency that I/we have chosen for the care of my/our child, of information obtained from the Canada Revenue Agency in accordance with this consent or obtained from other sources, that identifies myself/ourselves, my/our child(ren), our address, the amount of subsidy we are eligible to receive under the Child Care Subsidy Program, together with the subsidy period.
- Finally, I/we consent to the disclosure by an official of the Ministry of Human Services to an official of a department or agency of the Government of Alberta, of information obtained from the Canada Revenue Agency in accordance with this consent or from other sources, that identifies myself/ourselves, my/our child(ren), our address, our marital status, my/our income and expenses and the amount of subsidy we are eligible to receive under the Child Care Subsidy Program. This information may be used for the purpose of determining, auditing and verifying my/our eligibility for any income tested benefit under an Alberta income support program for which I/we may apply in the future, and for collecting any overpayment of the benefit, provided I/we did apply for the income tested benefit.
- This consent is valid for the taxation year prior to the year of the signature, the current taxation year and for each subsequent taxation year in which a subsidy or benefit is requested.

I have read the above Declaration and Consent and I understand what it says.

X

Signature of Applicant

Date

X

Signature of Co-applicant

Date