



Child Care Fee Subsidy

	Applicant		Co-Applicant			
First Name						
Last Name						
Previous Names						
Social Insurance Number						
Birth Date						
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
Home Address						
Mailing & Email Address	<small>(Mailing Address if different than above - i.e. postal box or rural route delivery number)</small>					
Telephone		Mobile Phone				
Is any family member living in your house a member of one of the following communities?						
<input type="checkbox"/> First Nations <input type="checkbox"/> Inuit <input type="checkbox"/> Métis <input type="checkbox"/> N/A						
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Seperated <input type="checkbox"/> Married <input type="checkbox"/> Common-Law <input type="checkbox"/> Widowed					
Reason for Care						
Employed/Employer Name						
Work Telephone						
Student/School Name						
Social/Therapuetic						
Referring Agency						
Other						
Children Living with You (ages 0-12 years)						
First Name	Last Name	Birth Date	Gender	Needs Child Care?	Grade	School
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Additional Information						
Do any of your children requiring child care have a Special Need(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, which children						
Have you already registered your child?			<input type="checkbox"/> Yes <input type="checkbox"/> No			

Income Verification			
Assets and general expenses are <u>not</u> considered			
Are you in receipt of Ontario Works?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you in receipt of ODSP?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other income sources		Type:	
Either the Notice of Assessment (NOA) or the Canada Child Tax Benefit report for the most recent year can be used to calculate your household annual income* (attach a copy)			
Total Annual Income*	Applicant (x)	Co-Applicant (y)	Total (x + y)
Notice of Assessment (line 236)			
Canada Child Tax Benefit (line 236)			
*If you or your child have a disability, please ask if any of your disability-related expenses qualify for a reduction in annual income.			
<p><i>All the information on this application is true to the best of my/our knowledge and belief. I/we will inform the Manitoulin-Sudbury DSB immediately of any changes in my/our circumstances, such as changes in marital status, employment, school, training and/or any changes in my/our situation. I will also immediately inform the DSB if either me or my spouse's income increases or decreases by 20% over the duration of the year. I allow the DSB to give the information on this form and any attachments to share within the DSB offices with Ontario Works or Social Housing Departments without further notice to me, if the information is necessary for the purpose of making decisions or verifying eligibility for assistance under the Day Nurseries Act, Housing Services Act 2011, the Ontario Works Act 1997, or the Ontario Disability Support Program Act 1997.</i></p>			
Applicant Signature		Co-Applicant	
Date		Date	
Witness		Witness	
Date		Date	
As applicable, please attach copies of the following with your application:			
Family Information			
<input type="checkbox"/> Birth Certificate for all Children			
<input type="checkbox"/> Social Insurance Cards for Parents			
<input type="checkbox"/> For Parents Attending School - Proof of School Attendance / enrollment			
<input type="checkbox"/> For Parents Working - Proof of employment / recent pay stub			
<input type="checkbox"/> Social or Therapeutic referral verification / letter/ document			
<input type="checkbox"/> Custody Papers, Separation Agreement or Court Order			
<input type="checkbox"/> Address verification			
Income Verification			
<input type="checkbox"/> Most recent Notice of Assessment			
<input type="checkbox"/> Most recent Canada Child Tax Benefit			
Send completed forms & copies of above documents by:			
Fax to: (705) 862-7805 or (866) 397-3334			
Mail to: 210 Mead Blvd, Espanola, P5E 1R9			
Email to: childcareapplications@msdsb.net			