

THE CORPORATION OF THE CITY OF LONDON

Trevor Fowler, Program Manager
Children's Services
Neighbourhood, Children & Fire Services
P. O. Box 5045,
151 Dundas Street 4th Floor
London, ON N6A 4L6



Telephone: (519) 661-4834
Fax: (519) 661-5821
EMAIL: childcare@london.ca

CHILDREN'S SERVICES CHILD CARE FEE SUBSIDY

Dear Applicant:

Thank you for applying for Child Care Fee Subsidy. Your application will be date stamped the day it is received in the Children's Services office. If eligible and funding is available, your child will be approved for Child Care Fee Subsidy in a licensed Child Care setting or an approved recreation program of your choice. If funding is not available, the name of each eligible child will be kept on a waitlist for Child Care Fee Subsidy. Your waitlist date will be the date all documentation has been received by the Children's Services office. For more information, please see the Children's Services website at www.london.ca/childcare. If you have any questions or if you need assistance, please call 519-661-4834, Monday to Friday. Thank you.

INFORMATION YOU MUST SUBMIT WITH YOUR COMPLETED APPLICATION

Please Note: All applicants **must** file income tax returns for the **previous** year **before** applying for Child Care Fee Subsidy. For example, you must have filed your 2014 taxes to be eligible in 2015.

1 - INCOME INFORMATION

You must provide **one** of the following to verify your income level:

- Most recent Notice of Assessment (NOA) from Revenue Canada for applicant and spouse (if applicable) and your Universal Child Care Benefit Statement
- Most recent Annual Canada Child Tax Benefit (CCTB) statement showing Family Income **or**
- If on Ontario Works or ODSP:
 - Statement of current Ontario Works or current ODSP Income and
 - Most recent Notice of Assessment (NOA) from Revenue Canada for applicant and spouse (if applicable) and your Universal Child Care Benefit Statement
 - or Most recent Annual Canada Child Tax Benefit (CCTB) statement showing Family Income

If you do not have this information and need a replacement, please contact Revenue Canada at www.cra.ca/myaccount

2 - APPLICANT & CHILD INFORMATION

You must provide **one** of the following to verify status in Canada for all family members:

- Birth Certificate
- Ontario Health Card
- Passport, Citizenship or Immigration documents as verification of Canadian Citizenship, Permanent Resident or Landed Immigrant Status, or work/student visa (if temporary resident) **and**
- Legal Custody / Separation Agreement / Guardianship documents (if applicable)

3 - PROOF OF LONDON ADDRESS

You must provide **one** of the following with your current address:

- Your most recent Utility Bill such as cable, hydro, gas
- Your most recent Lease or Rental Agreement

4 - PROOF OF NEED FOR CHILD CARE

You must provide **one** of the following to show your need for child care (for each Applicant):

- **Student/Training:** School timetable and confirmation of your registration in school showing start and end dates. Please include type of funding if applicable (EI, OSAP)
- **Employed:** Two most recent pay stubs *OR* a letter from your employer on company letterhead that shows your place of employment, your hours and days of work
- **Self Employed:** Income Expense Statement or Business License (from T1 General) and business card
- **Maternity or Parental Leave:** Letter from your employer stating your return to work date
- **Special Needs and/or Referrals:** A referral package completed by your medical doctor, community agency or other professional about you or your child's need for child care. Request a referral package from our office.

Photocopies of items 1 - 4 MUST BE ATTACHED to your completed application

APPLICANT 1						
Last Name	First Name	Date of Birth	DD/MM/YYYY	Gender	M/F	
Address	City	Postal Code	Home Phone	Alternate Phone		
Email Address:						
Note: I prefer that Children's Services contact me or reply to my inquiries by email and I understand that the internet is not a secure method of communication and may contain my confidential information. <input type="checkbox"/> Yes <input type="checkbox"/> No						
Marital Status:						
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Common Law <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed						
Citizenship:						
<input type="checkbox"/> Born in Canada <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Work/ Student Visa						
Proof of need for Child Care:						
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time						
<input type="checkbox"/> Leaving OW/ODSP to employment <input type="checkbox"/> Employed/Self-Employed <input type="checkbox"/> Special Needs/Referral						
<input type="checkbox"/> Leaving OW/ODSP to education <input type="checkbox"/> Education/Training <input type="checkbox"/> Maternity/Parental Leave						
Language Spoken:						
Do you require a translator? <input type="checkbox"/> Yes <input type="checkbox"/> No						
APPLICANT 2 (IF APPLICABLE)						
Last Name	First Name	Date of Birth	DD/MM/YYYY	Gender	M/F	
Proof of need for Child Care:						
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time						
<input type="checkbox"/> Leaving OW/ODSP to employment <input type="checkbox"/> Employed/Self-Employed <input type="checkbox"/> Special Needs/Referral						
<input type="checkbox"/> Leaving OW/ODSP to education <input type="checkbox"/> Education/Training <input type="checkbox"/> Maternity/Parental Leave						
Are there any other adults besides the applicant(s) living in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No						
CHILD(REN) REQUIRING CHILD CARE						
Last Name	First Name	DOB	DD/MM/YYYY	Gender	M/F	Child Care Centre School/Grade
Last Name	First Name	DOB	DD/MM/YYYY	Gender	M/F	Child Care Centre School/Grade
Last Name	First Name	DOB	DD/MM/YYYY	Gender	M/F	Child Care Centre School/Grade
Last Name	First Name	DOB	DD/MM/YYYY	Gender	M/F	Child Care Centre School/Grade
OTHER CHILDREN IN THE FAMILY 13 TO 19 YEARS OF AGE						
Last Name	First Name	DOB	DD/MM/YYYY	Gender	M/F	School/Grade
CHILD CARE INFORMATION						
Date Child Care was already started <u>or</u> is going to be required (DD/MM/YYYY):						
What type of care do you require (check those that apply)?						
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Before/After School <input type="checkbox"/> March Break <input type="checkbox"/> Winter Break <input type="checkbox"/> Summer <input type="checkbox"/> PD Days						
Do you or your child(ren) have special needs expenses that are not reimbursed by insurance or government programs? (As shown on line 215, 330 or 331 on your income tax). <input type="checkbox"/> Yes <input type="checkbox"/> No * If Yes, please provide receipts						
All of the information on this application is true to the best of my/our knowledge and belief. I/we will inform The Corporation of the City of London, Neighbourhood, Children & Fire Services, Children's Services immediately of any changes in my/our circumstances, such as changes in marital status, employment, school, training, child care centres, and/or any other changes in my/our situation.						
Signature of Applicant 1		Date Signed DD/MM/YYYY		Signature of Applicant 2		Date Signed DD/MM/YYYY

If funding is not available, the name of each eligible child will be kept on a waitlist for Child Care Fee Subsidy. Your waitlist date will be the date all documentation has been received by the Children's Services office.

PLEASE RETURN COMPLETED APPLICATION WITH ACCOMPANYING DOCUMENTATION TO:

CHILDREN'S SERVICES
151 DUNDAS STREET, 4TH FLOOR
PO BOX 5045
LONDON ON N6A 4L6

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