

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 7:30 am - 8:00 pm, Monday to Friday (except general holidays). For more information, please visit [www.child.alberta.ca](http://www.child.alberta.ca).

**COMPLETE ALL SECTIONS. PLEASE PRINT. USE INK ONLY.**

**Section 1 - Subsidy Information (refer to page 2 in guide)**

What type of Subsidy are you applying for?

- Child Care Subsidy     Kin Child Care Subsidy     Extended Hours Subsidy     Stay-at-Home Parent Subsidy

**Section 2 - Marital Status (refer to page 2 in guide)**

Have you applied for Child Care Subsidy before?     Yes     No

Previous Applicant ID \_\_\_\_\_ Date Subsidy Required \_\_\_\_\_

Marital Status (*please check one*)

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

**Section 3 - Applicant Information (refer to page 2 and 3 in guide)**

Applicant's Last Name		Applicant's First Name	
Birthdate (yyyy-mm-dd)	Social Insurance Number	Citizen Status <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident	
Address ( <i>include Apt #, street, P.O. Box #</i> )			
City/Town		Province	Postal Code
Telephone Number	Cell Phone Number	Email Address	
Reason for Care ( <i>Check as many as apply.</i> ) <input type="checkbox"/> Working <input type="checkbox"/> Attending School <input type="checkbox"/> Looking for Work <input type="checkbox"/> Special Needs of Parent or Child <input type="checkbox"/> Stay-at-Home Parent (for Stay-at-Home subsidy only)			
Place(s) of Work/School ( <i>if applicable</i> )		Contact Number of Work/School	
Place(s) of Work/School ( <i>if applicable</i> )		Contact Number of Work/School	
Do you ordinarily live On-Reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently living Off-Reserve for the above noted Reason for Care?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If you have answered "Yes" to either question, please provide the following;</i>			
Registration Number _____		Name of Reserve _____	

## Co-applicant Information

Co-applicant's Last Name		Co-applicant's First Name	
Birthdate (yyyy-mm-dd)	Social Insurance Number	Citizen Status <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident	
Address (include Apt #, street, P.O. Box #)			
City/Town		Province	Postal Code
Telephone Number	Cell Phone Number	Email Address	
Reason for Care (Check as many as apply.) <input type="checkbox"/> Working <input type="checkbox"/> Attending School <input type="checkbox"/> Looking for Work <input type="checkbox"/> Special Needs of Parent or Child <input type="checkbox"/> Stay-at-Home Parent (for Stay-at-Home subsidy only)			
Place(s) of Work/School (if applicable)		Contact Number of Work/School	
Place(s) of Work/School (if applicable)		Contact Number of Work/School	
Do you ordinarily live On-Reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently living Off-Reserve for the above noted Reason for Care?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have answered "Yes" to either question, please provide the following: Registration Number _____ Name of Reserve _____			

## Section 4 - Income (refer to page 3 in guide)

Applicant	Co-applicant
<p><b>Income</b></p> <p>Your information will be verified with the CRA or, you may be required to submit evidence of all income.</p> <p>Line 150 from your most recent Notice of Assessment provided by Canada Revenue Agency.    \$ _____</p>	<p><b>Income</b></p> <p>Your information will be verified with the CRA or, you may be required to submit evidence of all income.</p> <p>Line 150 from your most recent Notice of Assessment provided by Canada Revenue Agency.    \$ _____</p>
<p><b>Deductions</b></p> <p>Tuition, Textbook and Educational Supply Costs Paid During Prior School Year (Line 320-322)    \$ _____</p> <p>Additional Costs for Child Care (Receipts required)    \$ _____</p> <p>Eligible Medical Expenses (Line 330-331)    \$ _____</p>	<p><b>Deductions</b></p> <p>Tuition, Textbook and Educational Supply Costs Paid During Prior School Year (Line 320-322)    \$ _____</p> <p>Additional Costs for Child Care (Receipts required)    \$ _____</p> <p>Eligible Medical Expenses (Line 330-331)    \$ _____</p>

**NOTE:** If you have never filed a Canadian income tax form because you are a newcomer to Canada or are a minor and not legally required to file a tax return, please contact the Alberta Supports Contact Centre at 1-877-644-9992 (toll free) or 780-644-9992 (Edmonton Area) between the hours of 7:30 am - 8:00 pm, Monday - Friday (except general holidays).

## Section 5 - Children's Details (refer to page 4 in guide)

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)	Grade (if applicable)	Citizen Status <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident	
Name of licensed daycare, pre-school, out-of-school care, group family child care program or contracted Family Day Home Agency (if applicable)			
Address of licensed daycare, pre-school, out-of-school care, group family child care program or contracted Family Day Home Agency (if applicable)			
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)

2 Child's Last Name		Child's First Name	
Birthdate (yyyy-mm-dd)	Grade (if applicable)	Citizen Status <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident	
Name of licensed daycare, pre-school, out-of-school care, group family child care program or contracted Family Day Home Agency (if applicable)			
Address of licensed daycare, pre-school, out-of-school care, group family child care program or contracted Family Day Home Agency (if applicable)			
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)

**List Children requiring Child Care Subsidy - Continued**

3 Child's Last Name		Child's First Name	
Birthdate (yyyy-mm-dd)	Grade (if applicable)	Citizen Status <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident	
Name of licensed daycare, pre-school, out-of-school care, group family child care program or contracted Family Day Home Agency (if applicable)			
Address of licensed daycare, pre-school, out-of-school care, group family child care program or contracted Family Day Home Agency (if applicable)			
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)

4 Child's Last Name		Child's First Name	
Birthdate (yyyy-mm-dd)	Grade (if applicable)	Citizen Status <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident	
Name of licensed daycare, pre-school, out-of-school care, group family child care program or contracted Family Day Home Agency (if applicable)			
Address of licensed daycare, pre-school, out-of-school care, group family child care program or contracted Family Day Home Agency (if applicable)			
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)

**Section 6 - Kin Child Care Subsidy ONLY (refer to page 2 and 4 in guide)  
(only complete if applying for the Kin Child Care Subsidy Program)**

**Relative Caregiver's Details (Caregiver must be 18 years or older)**

Caregiver's Last Name	Caregiver's First Name	Birthdate (yyyy-mm)	
Address (include Apt #, street, P.O. Box #)			
City/Town		Province	Postal Code
Telephone Number	Relationship to the child		

## Applicant Declaration and Acknowledgement

- I understand that giving false or incomplete information or not advising of any changes in circumstances may result in termination or suspension of funding and the requirement to repay funding that I have received.
- I understand that the information I give on the application form may be verified by a Children's Services representative at any time.
- I will advise Children's Service's Child Care Subsidy Program immediately of any changes in personal, financial, or family circumstances that will affect my eligibility for subsidy.
- I understand that I may be required to provide additional information in order to confirm any initial and continuing eligibility for Child Care Subsidy. I understand that Children's Services may initiate an investigation relating to my eligibility for Child Care Subsidy.
- I understand that relevant personal information may be shared with a licensed child care program, approved early learning program, or family day home agency that I have chosen for the care of my child, including information to identify myself/ourselves, my/our child(ren), our address, the amount of subsidy we are eligible to receive and the subsidy period.
- I understand that relevant personal information may be shared with other Government of Alberta programs and services and the Government of Canada including my/our financial information, employment information, marital status, telephone numbers, dependants addresses and the amount of subsidy to verify/determine my/our eligibility for 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 Children's 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 Children's 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 Children's 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 purposes of determining, auditing, and verifying my/our eligibility for any income tested benefit under an Alberta Income Support Program for if I/we 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 signature, the current taxation year and for each subsequent taxation year in which subsidy or benefit is requested.

I declare that I understand the above information on this application and provide my signature as consent.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Signature Date (yyyy-mm-dd)

\_\_\_\_\_  
Co-applicant Signature

\_\_\_\_\_  
Signature Date (yyyy-mm-dd)

Please sign and return to: **Child Care Subsidy**  
**PO Box 1641, Station M**  
**Edmonton, AB T5J 2N9**  
**Email: [css.childsubsidy@gov.ab.ca](mailto:css.childsubsidy@gov.ab.ca)**  
**Fax: 780-422-5692**