

Reason For Child Care Services

Applicant

Spouse/Common-Law

A <input type="checkbox"/> Employed	Start Date	Year	Month	Day					Start Date	Year	Month	Day				
	End Date	Year	Month	Day					End Date	Year	Month	Day				
Employer																
Business Phone Number																
Circle days worked per week. (If you work shifts, part-time or have an undetermined work schedule, please complete section J.)	Sun	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Mon	Tue	Wed	Thur	Fri	Sat		
Number of Hours Worked Each Day																
B <input type="checkbox"/> Self-Employed (If you were self-employed in previous year, please submit your Income Tax Return and Income and Expense Statement)	Start Date							Start Date								
	End Date							End Date								
Name of Business																
Business Phone Number																
Type of Self-Employment																
Circle days worked per week. (If you work shifts, part-time or have an undetermined work schedule, please complete section I.)	Sun	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Mon	Tue	Wed	Thur	Fri	Sat		
Number of Hours Worked Each Day																
C <input type="checkbox"/> Seeking Employment	Last Date Worked or Attended School							Last Date Worked or Attended School								
D <input type="checkbox"/> Education/Training	School/Facility Name:							School/Facility Name:								
	Start Date							Start Date								
	End Date							End Date								
Days Attended Per Week	Sun	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Mon	Tue	Wed	Thur	Fri	Sat		
Number of Class Hours Attended in:	A.M.							A.M.								
	P.M.							P.M.								
	Eve.							Eve.								

Child Care Services Required

	Name(s)	Attendance Start Date	Name of Child Care Facility	No. of Days Required Per Week	No. of Hours Required Each Day	Total Monthly Facility Fee		
E	Infant (6 weeks – 18 months)							
	Last First							
F	Preschool Children							
	Last First							
G	Kindergarten Children							
	Last First							
H	School Age Children – (Grade 1 up to and including 12 years of age)	Attendance Start Date	Name of Child Care Facility	No. of Days Required Per Week	No. of Hours Required			Total Monthly Facility Fee
	Last First				Before School	Lunch	After School	

I. Income Declaration Section

Please provide a copy of your most recent paystub(s) for you and your spouse covering the last full month, from ALL sources of income.

Complete Applicable:

Applicant

Spouse/Common-Law

1. Present Month's Gross Employment Income (before deductions)			
Applicant Paid – (attach paystub/s) <input type="checkbox"/> Paid Monthly _____ / mth <input type="checkbox"/> Paid every two weeks _____ / 2 wks <input type="checkbox"/> Paid weekly _____ / wk <input type="checkbox"/> Paid twice per month (eg. 1 st & 15 th) _____ + _____ / mth - Previous month's employment income _____ - Does your income fluctuate monthly? <input type="checkbox"/> Yes <input type="checkbox"/> No		Spouse/Common-law Paid (attach paystub/s) <input type="checkbox"/> Paid Monthly _____ / mth <input type="checkbox"/> Paid every two weeks _____ / 2 wks <input type="checkbox"/> Paid weekly _____ / wk <input type="checkbox"/> Paid twice per month (eg. 1 st & 15 th) _____ + _____ / mth - Previous month's employment income _____ - Does your income fluctuate monthly? <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____ total per month		_____ total per month	
2. Commission Income: - Submit previous month's Gross (attach allowable expenses and paystubs if applicable)			
Applicant – commission _____		Spouse/Common-law - commission _____	
_____ total per month		_____ total per month	
3. Net Income Self-Employment (farm or business)			
Applicant – Net Income _____ <input type="checkbox"/> Previous Year Monthly Average Check () one: <input type="checkbox"/> Current Year Monthly Estimate		Spouse/Common-law – Net Income _____ <input type="checkbox"/> Previous Year Monthly Average Check () one: <input type="checkbox"/> Current Year Monthly Estimate	
_____ total per month		_____ total per month	
4. Student Loan, Training Allowance, Grants, Bursaries or Scholarships			
Applicant Receives <input type="checkbox"/> Student Loan _____ <input type="checkbox"/> Bursary, Grants, Scholarships for the period of _____ to _____ Training Allowance: <input type="checkbox"/> Paid Monthly _____ / mth <input type="checkbox"/> Paid every two weeks _____ / 2 wks <input type="checkbox"/> Paid weekly _____ / wk <input type="checkbox"/> Child Care allowance _____ / wk		Spouse/Common-law Receives <input type="checkbox"/> Student Loan _____ <input type="checkbox"/> Bursary, Grants, Scholarships for the period of _____ to _____ Training Allowance: <input type="checkbox"/> Paid Monthly _____ / mth <input type="checkbox"/> Paid every two weeks _____ / 2 wks <input type="checkbox"/> Paid weekly _____ / wk <input type="checkbox"/> Child Care allowance _____ / wk	
_____ total per month		_____ total per month	
5. Employment Insurance (attach paystub/s)			
Applicant Receives Weekly Benefit _____ Eligible Date _____ Year Month Day		Spouse/Common-law Receives Weekly Benefit _____ Eligible Date _____ Year Month Day	
_____ total per month		_____ total per month	
6. Rental Income			
Applicant Receives Income from <input type="checkbox"/> Room & board _____ <input type="checkbox"/> Rental property _____ <input type="checkbox"/> _____ (other) _____		Spouse/Common-law Receives Income from <input type="checkbox"/> Room & board _____ <input type="checkbox"/> Rental property _____ <input type="checkbox"/> _____ (other) _____	
_____ total per month		_____ total per month	
Applicant receives income from (attach copies)			
7. Pensions & Superannuation _____ total per month		Spouse/Common-law receives income from (attach copies) Pensions & Superannuation _____ total per month	
8. Workers Compensation _____ total per month		Workers Compensation _____ total per month	
9 Maintenance or Child Support _____ total per month Received:		Maintenance or Child Support _____ total per month Received:	
10. Other Income _____ (specify)		Other Income _____ (specify)	

PLEASE TURN TO PAGE 4. READ SECTION L AND SIGN IN THE APPROPRIATE SPACE(S).

For office use only			
(a)	(b)	(a-b)	Assessor's signature _____
Total Gross family income	Number of children x \$100	Adjusted family income	Approved by _____

J. Variable Work Schedule/Child Care Requirements: Explain your work schedule providing as much detail as possible (eg. Number of days, hours per day worked, etc.). State the actual weekdays and hours per day that you require child care in one month.

K. Special Needs – Child Care Subsidy Referral (MUST BE COMPLETED BY REFERRING PROFESSIONAL)

Date: _____ Child's Name: _____

Facility: _____

Child will require child care _____ days per week. Child will require child care _____ hours per day.

Reason for referral: (if more space is required please provide an attachment).

Length of time required: _____

Referring person's signature: _____ Date: _____

Profession: _____ Name: _____

Address: _____ Phone Number: _____

L. I state that the information given in this Child Care Subsidy Application is true, correct and complete and that I have not withheld any information which may have an effect on my benefits. I understand I may be liable to criminal prosecution for withholding information or providing false or misleading information.

Reporting Requirements

I agree to report to the Ministry of Social Services any changes in my circumstances, or the circumstances of my family members, that may affect my eligibility for benefits, or the eligibility of my family members. I understand some examples of such changes are changes in address, income from any source, number of dependents, marital status (including common-law relationships), living arrangements and change in reason for child care services. If I am in doubt as to whether any changes in circumstances will effect my eligibility, I agree to report this to the Ministry of Social Services, Child Care Subsidy office.

Client Consent

I give my consent to the Ministry of Social Services to obtain and verify information or documents required to confirm my eligibility, or the eligibility of my family members for benefits under the Child Care Subsidy program. I understand information includes income received from any source, employment records, marital status (including common-law relationships), and living arrangements of myself or my family members. I give consent to use my Social Insurance Number and the Health Services Number for myself and all family members for the purposes of administration of the Child Care Subsidy program.

I give my consent to any ministry, person, or agency having such information or documents to release them upon written or verbal request to employees of the Ministry of Social Services. I understand examples include, but are not restricted to, information or documents from: the Ministry of Education, Advanced Education, Employment and Labour, Employment and Social Development Canada (Employment Insurance), Workers' Compensation Board, Saskatchewan Government Insurance, any bank, credit union or other financial institution, any landlord and past employers.

I give consent to the Ministry of Social Services to disclose my information to third parties where the information is necessary to verify and confirm my eligibility for benefits or to assist in providing additional benefits. I understand third party examples include, but are not restricted to the Ministry of Education, Advanced Education, Employment and Labour and other social assistance programs.

I give my consent to the Ministry of Social Services to advise my child care facility that my subsidy benefits have been placed on hold. I understand this information may be shared with the facility as my benefits are paid directly to the child care facility on my behalf.

Signature of Applicant

Signature of Spouse/Common-law

Date |_____| |_____| |_____|
Year Month Day

Home telephone number

Please be sure address section has been completed correctly on Page 1