

Protected B (when completed)

The personal information being collected is for the purpose of the Alberta Child Care Subsidy Program and is used for ongoing eligibility verification, and for delivery of the Child Care Subsidy Program, including internal use by the Government of Alberta for program evaluation and enhancement or design of services. This collection is authorized by section 33 (a) and (c) of the *Freedom of Information and Protection of Privacy Act* and section 8(1) of the *Government Organization Act*. For questions about the collection of personal information, contact the Manager, Child Care Subsidy, by email at childsubsidy@gov.ab.ca or mail to PO Box 1641, Station M, Edmonton Alberta T5J 2N9.

Apply online at applychildcaresubsidy.alberta.ca using your Alberta.ca Account credentials to receive application status updates in Child Care Subsidy Online Services. Applications received by mail, fax or email will not be reflected in Child Care Subsidy Online Services. **All fields, except the signature field, can be completed electronically. Digital signatures are not accepted. After filling out the form, print and sign using an ink pen before submission.**

Section 1 - Applicant Information

Have you applied for Child Care Subsidy before?

Previous Applicant ID (if applicable)

☐ Yes ☐ No

Marital Status (please select one)

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

Section 2 - Applicant Information

Applicant's Last Name

Applicant's First Name

Date of Birth: Year Month Day

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

City/Town

Province

Postal Code

Primary Phone Number

Secondary Phone Number

Email Address

Social Insurance Number

Immigration Status (select one) ☐ Canadian Citizen ☐ Permanent Resident ☐ Refugee Claimant

☐ Protected Person Claimant ☐ Temporary Resident with a valid Work Permit

☐ Other, specify _____

Reason for Care (check as many as apply)

The Child Care Subsidy Policy determines which situations can be approved for subsidy.

Applicants on temporary parental leaves from their employment are not eligible for child care subsidy.

☐ Working ☐ Attending School ☐ Looking for Work ☐ A Parent with Special Needs ☐ A Parent of a Child with Special Needs

Place(s) of Work (if applicable)

Contact Number of Work

Place(s) of School (if applicable)

Contact Number of School

Do you ordinarily live in a First Nation Community? ☐ Yes ☐ No

Are you currently living away from your First Nation Community for the above noted Reason for Care? ☐ Yes ☐ No

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

Registration Number

Name of First Nation Community

Co-applicant Information

Co-applicant's Last Name Co-applicant's First Name Date of Birth: Year Month Day

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

City/Town Province Postal Code

Primary Phone Number Secondary Phone Number Email Address Social Insurance Number

Immigration Status (select one) ☐ Canadian Citizen ☐ Permanent Resident ☐ Refugee Claimant
☐ Protected Person Claimant ☐ Temporary Resident with a valid Work Permit
☐ Other, specify _____

Reason for Care (check as many as apply)

The Child Care Subsidy Policy determines which situations can be approved for subsidy.

Applicants on temporary parental leaves from their employment are not eligible for child care subsidy.

☐ Working ☐ Attending School ☐ Looking for Work ☐ A Parent with Special Needs ☐ A Parent of a Child with Special Needs

Place(s) of Work (if applicable) Contact Number of Work

Place(s) of School (if applicable) Contact Number of School

Do you ordinarily live in a First Nation Community? ☐ Yes ☐ No Are you currently living away from your First Nation Community for the above noted Reason for Care? ☐ Yes ☐ No

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

Registration Number Name of First Nation Community

Section 3 - Income

You will need your most recent Notice of Assessment from the Canada Revenue Agency (CRA) to fill out the questions below. We will verify your information with the CRA once you have given us permission through the CRA consent provided on the last page of this application.

Have you filed your most recent Canadian tax return? ☐ Yes ☐ No

If no, why have you not filed your recent tax return?

- ☐ I am new to Canada and arrived this year or last year
- ☐ I am under the age of 18 or I was under the age of 18 last year
- ☐ I am experiencing difficulty filing my taxes and would like to explain my circumstances

Please provide a brief explanation.

Has the Canada Revenue Agency processed your tax return? ☐ Yes ☐ No

You will receive a Notice of Assessment if the Canada Revenue Agency has processed your tax return.

NOTE: If you answered no to either of the previous questions, you may not have a Notice of Assessment to reference for completing the questions below. In such circumstances, please provide estimates to the following questions based on this year's taxable (gross) income and deductions instead.

Applicant

Income

Your information will be verified with the CRA or, you may be required to submit evidence of all income.

Line 15000 from your most recent Notice of Assessment provided by Canada Revenue Agency. \$ _____

Deductions

Tuition, Textbook and Educational Supply Costs Paid During Prior School Year (Line 32300) \$ _____

Eligible Medical Expenses (Line 33099) \$ _____

Eligible Medical Expenses (Line 33199) \$ _____

Co-applicant

Income

Your information will be verified with the CRA or, you may be required to submit evidence of all income.

Line 15000 from your most recent Notice of Assessment provided by Canada Revenue Agency. \$ _____

Deductions

Tuition, Textbook and Educational Supply Costs Paid During Prior School Year (Line 32300) \$ _____

Eligible Medical Expenses (Line 33099) \$ _____

Eligible Medical Expenses (Line 33199) \$ _____

NOTE: If you have experienced a decrease in income since your most recent Notice of Assessment or 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 during standard business hours at 1-877-644-9992 (toll free) or 780-644-9992 (Edmonton Area) Monday - Friday (except general holidays).

Section 4 - Children's Information (List Children requiring Child Care Subsidy)

1	Child's First Name				Child's Last Name			
	Date of Birth: Year	Month	Day	Grade K to 6	If in Kindergarten	During the Most Recent School Year, is/was the Child Attending:		
					<input type="radio"/> Five full days	<input type="radio"/> Other (specify)		
	Immigration Status	<input type="radio"/> Canadian Citizen	<input type="radio"/> Permanent Resident	<input type="radio"/> Other (specify)				
	Start Date yyyy-mm-dd							
	Name of licensed child care program (daycare, out-of-school care, group family child care, family day home agency)							
	Address of licensed child care program							
	Estimated hours of care needed per month			Estimated Costs (\$ per month)				
	If care is required outside regular business hours of Monday to Friday 6:00 am to 6:00 pm, how many hours per Month?							
Is your child attending a second licensed program? <input type="radio"/> Yes <input type="radio"/> No								
If your child is attending two licensed child care programs, the subsidy will be shared between two programs.								
Please complete an additional Child section with the name of the other program your child is attending.								
2	Child's First Name				Child's Last Name			
	Date of Birth: Year	Month	Day	Grade K to 6	If in Kindergarten	During the Most Recent School Year, is/was the Child Attending:		
					<input type="radio"/> Five full days	<input type="radio"/> Other (specify)		
	Immigration Status	<input type="radio"/> Canadian Citizen	<input type="radio"/> Permanent Resident	<input type="radio"/> Other (specify)				
	Start Date yyyy-mm-dd							
	Name of licensed child care program (daycare, out-of-school care, group family child care, family day home agency)							
	Address of licensed child care program							
	Estimated hours of care needed per month			Estimated Costs (\$ per month)				
	If care is required outside regular business hours of Monday to Friday 6:00 am to 6:00 pm, how many hours per Month?							
Is your child attending a second licensed program? <input type="radio"/> Yes <input type="radio"/> No								
If your child is attending two licensed child care programs, the subsidy will be shared between two programs.								
Please complete an additional Child section with the name of the other program your child is attending.								

3	Child's First Name				Child's Last Name			
	<input style="width: 100%;" type="text"/>				<input style="width: 100%;" type="text"/>			
	Date of Birth: Year				Month	Day	Grade K to 6	If in Kindergarten During the Most Recent School Year, is/was the Child Attending:
	<input style="width: 100%;" type="text"/>				<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="radio"/> Five full days <input type="radio"/> Other (specify) _____
	Immigration Status <input type="radio"/> Canadian Citizen <input type="radio"/> Permanent Resident <input type="radio"/> Other (specify) _____							
	Start Date yyyy-mm-dd <input style="width: 100%;" type="text"/>							
	Name of licensed child care program (daycare, out-of-school care, group family child care, family day home agency) <input style="width: 100%;" type="text"/>							
	Address of licensed child care program <input style="width: 100%;" type="text"/>							
	Estimated hours of care needed per month				Estimated Costs (\$ per month)			
	<input style="width: 100%;" type="text"/>				<input style="width: 100%;" type="text"/>			
If care is required outside regular business hours of Monday to Friday 6:00 am to 6:00 pm, how many hours per Month? <input style="width: 100%;" type="text"/>								
Is your child attending a second licensed program? <input type="radio"/> Yes <input type="radio"/> No								
If your child is attending two licensed child care programs, the subsidy will be shared between two programs.								
Please complete an additional Child section with the name of the other program your child is attending.								
4	Child's First Name				Child's Last Name			
	<input style="width: 100%;" type="text"/>				<input style="width: 100%;" type="text"/>			
	Date of Birth: Year				Month	Day	Grade K to 6	If in Kindergarten During the Most Recent School Year, is/was the Child Attending:
	<input style="width: 100%;" type="text"/>				<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="radio"/> Five full days <input type="radio"/> Other (specify) _____
	Immigration Status <input type="radio"/> Canadian Citizen <input type="radio"/> Permanent Resident <input type="radio"/> Other (specify) _____							
	Start Date yyyy-mm-dd <input style="width: 100%;" type="text"/>							
	Name of licensed child care program (daycare, out-of-school care, group family child care, family day home agency) <input style="width: 100%;" type="text"/>							
	Address of licensed child care program <input style="width: 100%;" type="text"/>							
	Estimated hours of care needed per month				Estimated Costs (\$ per month)			
	<input style="width: 100%;" type="text"/>				<input style="width: 100%;" type="text"/>			
If care is required outside regular business hours of Monday to Friday 6:00 am to 6:00 pm, how many hours per Month? <input style="width: 100%;" type="text"/>								
Is your child attending a second licensed program? <input type="radio"/> Yes <input type="radio"/> No								
If your child is attending two licensed child care programs, the subsidy will be shared between two programs.								
Please complete an additional Child section with the name of the other program your child is attending.								

Declaration and Canada Revenue Agency Consent

- ⇒ I/We understand that relevant personal information may be shared with a licensed or regulated child care program that I/we 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/We 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/we have received.
- ⇒ I/We understand that the information I/we give on the application form may be verified by a Jobs, Economy and Trade representative at any time.
- ⇒ I/We will advise Jobs, Economy and Trade Child Care Subsidy Program immediately of any changes in personal, financial, or family circumstances that will affect my/our eligibility for subsidy.
- ⇒ I/We understand that I/we may be required to provide additional information in order to confirm any initial and continuing eligibility for Child Care Subsidy. I/We understand that Jobs, Economy and Trade may initiate an investigation relating to my/our eligibility for Child Care Subsidy.
- ⇒ I/We 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 the Canada Revenue Agency to an official of the Ministry of Jobs, Economy and Trade of income and expense information and identifying information about me/us and my/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 by the Child Care Subsidy Program.
- ⇒ In addition, I/we consent to the disclosure by an official of the Ministry of Jobs, Economy and Trade to a licensed child care centre, licensed family day home agency, or licensed group family child care 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 I/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 Jobs, Economy and Trade 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), my/our address, my/our marital status, my/our income and expenses and the amount of subsidy I/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, or 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.

Date Signed
yyyy-mm-dd

Applicant Signature
(Sign with ink pen)

Date Signed
yyyy-mm-dd

Co-applicant Signature
(Sign with ink pen)

Apply for Child Care Subsidy online at applychildcaresubsidy.alberta.ca to know the results of your application sooner.

We are unable to accept digital signatures.

Alternatively, submit this form by:

Email: childsubsidy@gov.ab.ca

Fax: 780-422-5692

Mail: Child Care Subsidy, PO Box 1641, Station M, Edmonton, AB T5J 2N9