



**Reason For Child Care Services**

**Applicant**

**Spouse/Common-Law**

<b>A</b> <input type="checkbox"/> <b>Employed</b>	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>B</b> <input type="checkbox"/> <b>Self-Employed</b> (If you were self-employed in previous year, please submit your Income Tax Return and Income and Expense Statement)	Start Date      Year    Month    Day  _ _ _ _ _ _ _							Start Date      Year    Month    Day  _ _ _ _ _ _ _						
	End Date      Year    Month    Day  _ _ _ _ _ _ _							End Date      Year    Month    Day  _ _ _ _ _ _ _						
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														
<b>C</b> <input type="checkbox"/> <b>Seeking Employment</b>	Last Date Worked or Attended School      Year    Month    Day  _ _ _ _ _ _ _							Last Date Worked or Attended School      Year    Month    Day  _ _ _ _ _ _ _						
	<b>D</b> <input type="checkbox"/> <b>Education/Training</b>													
<b>School/Facility Name:</b>							<b>School/Facility Name:</b>							
Start Date      Year    Month    Day  _ _ _ _ _ _ _							Start Date      Year    Month    Day  _ _ _ _ _ _ _							
End Date      Year    Month    Day  _ _ _ _ _ _ _							End Date      Year    Month    Day  _ _ _ _ _ _ _							
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.														
P.M.														
Eve.														

**Child Care Services Required**

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

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

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**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).**

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**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, Human Resources and Skills 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
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Signature of Spouse/Common-law
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Date |\_\_\_\_|\_\_\_\_|\_\_\_\_|  
Year Month Day

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