

Child Care Subsidy Change in Circumstance Form
Early Learning and Child Development Division

Section A – Applicant Information

| | | |
|---|--|--|
| Name of Applicant | Date of Birth (YYYY-MM-DD) | File # |
| Check one or more of the options below to identify the information being changed – complete corresponding section(s) | | |
| <input type="checkbox"/> Spouse/Partner Information (Co-Applicant) (section B) | <input type="checkbox"/> Address/Contact Information (section C) | <input type="checkbox"/> Family Status (section D) |
| <input type="checkbox"/> Income/Employment (section E) | <input type="checkbox"/> Number of Children Requiring Care (section F) | |
| <input type="checkbox"/> Reason for Requiring Child Care (section G) | <input type="checkbox"/> Change in Child Care Service (section H) | <input type="checkbox"/> Other (section I) |
| What date did these changes come into effect? (YYYY-MM-DD) | | |

Section B – Change in Spouse/Partner (Co-Applicant) Information

| | |
|---|--|
| <input type="checkbox"/> Removing a Spouse/Partner (Co-Applicant) | <input type="checkbox"/> Addition of Spouse/Partner (Co-Applicant) |
| Name of Co-Applicant | Co-Applicants Date of Birth (YYYY-MM-DD) |

Section C- Change in Address/Contact Information

| | | | |
|----------------|-----------|----------|---------------|
| Street Address | City/Town | Province | Postal Code |
| Home Ph. # | Work # | Cell # | Email Address |

Section D – Change in Family Status

| | | | | |
|----------------------------------|-------------------------------------|-----------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> Married | <input type="checkbox"/> Common Law | <input type="checkbox"/> Divorced | <input type="checkbox"/> Separated | <input type="checkbox"/> Widowed |
|----------------------------------|-------------------------------------|-----------------------------------|------------------------------------|----------------------------------|

Section E – Change in Income / Employment – submit applicable documentation to support change (e.g., new pay stubs)

| | |
|--|--|
| <input type="checkbox"/> Applicant | <input type="checkbox"/> Spouse/Partner (Co-Applicant) |
| Income (identify any sources of income change/amounts): | Income (identify any sources of income change/amounts): |
| Employment (identify any change in employment e.g., schedule): | Employment (identify any change in employment e.g., schedule): |

Section F – Change in Number of Child Requiring Care

| | |
|--|---|
| <input type="checkbox"/> Removing a Child(ren) from a Regulated Child Care Service | <input type="checkbox"/> Requiring Regulated Child Care for Additional Child(ren) |
| Name of Child | |
| Name of Child | |
| Name of Child | |

Section G – Change in Reason for Requiring Child Care

| | | | | |
|-------------------------------------|---|---|-------------------------------|--|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Education / Training | <input type="checkbox"/> Injury / Illness / Disability / Rehabilitation | <input type="checkbox"/> CSSD | <input type="checkbox"/> Child Development |
| <input type="checkbox"/> Job Search | <input type="checkbox"/> Caregiving Benefits | | | |

Section H – Change in Child Care Service

Note: If requiring child care for more than four children, complete an additional Section H and attach it to this form.

| | | |
|--------------|---|--------------------------------|
| Child's Name | Name of Current/Previous Child Care Service | Name of New Child Care Service |
| Child's Name | Name of Current/Previous Child Care Service | Name of New Child Care Service |
| Child's Name | Name of Current/Previous Child Care Service | Name of New Child Care Service |
| Child's Name | Name of Current/Previous Child Care Service | Name of New Child Care Service |

Section I – Other

Please indicate your change in circumstance:

Section J – Declaration

i) I confirm the information given in this form is, to the best of my knowledge and ability, complete, true and correct.

| | | | | | |
|--|--|------------------|--|-----------------------------|--|
| Parent/Guardian (please print) | | Signature | | Date (YYYY-MM-DD) | |
| Parent/Guardian (please print) | | Signature | | Date (YYYY-MM-DD) | |

Privacy Statement

The information collected on this form is collected under the authority of the Access to Information and Protection of Privacy Act (ATIPPA) and is used solely for the purposes of administration/operation of the Child Care Subsidy program and services provided by the Early Learning and Child Development Division. This information is kept confidential and held securely as required by ATIPPA. If you have any questions about the collection or use of this information, please contact the Policy and Information Management Division of the Department of Education at 709-729-7425.