

**Child Care Subsidy Funding Application**  
**Early Learning and Child Development Division**

### Please Note

Supporting documents should be attached to the application – if this is not possible documents may be submitted within 30 days and must be present for the application to be processed.

### Section A – Applicant Information

<input type="checkbox"/> New - Initial		<input type="checkbox"/> Renewal	
Name of parent/guardian		Date of Birth (YYYY-MM-DD)	
Street Address	City/Town	Province	Postal Code
Mailing Address (if different from above)	City/Town	Province	Postal Code
Home Ph. #	Work #	Cell #	Email Address
Relationship to Child:			
<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> CSSD Social Worker
<input type="checkbox"/> Kinship Caregiver			
Family Status:			
<input type="checkbox"/> Married	<input type="checkbox"/> Common Law	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated
<input type="checkbox"/> Widowed		<input type="checkbox"/> Single	
If divorced or separated, do you have shared custody? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes to a shared custody, please attach a copy of the written agreement (if applicable).			
Number of Children attending a regulated child care service: _____			

### Section B – Spouse / Partner Information

<input type="checkbox"/> Not Applicable (No Spouse/Partner)		
Name	Date of Birth (YYYY-MM-DD)	
Work #	Cell #	Email Address

## Section C – Children Requiring Child Care

### Provide (for each individual child listed below):

A photocopy of Child's birth certificate, baptismal record or other legal documentation that shows the child's legal name and date of birth.

**Note: If requiring child care for more than four children, complete an additional Section C and attach it to the application.**

**Child's Legal Name:**

**Date of Birth:**

(YYYY-MM-DD)

**Child Care Requested:**

- ☐ Full-Time ☐ Part-Time (days of week/time of day needed\_\_\_\_\_)
- ☐ After-School ☐ Before and After-School ☐ School-Age (Summer) Coverage

**Requested Start Date:**

(YYYY-MM-DD)

**Name of Regulated Child Care Centre or Regulated Family Home (if known):**

**Child's Legal Name:**

**Date of Birth:**

(YYYY-MM-DD)

**Child Care Requested:**

- ☐ Full-Time ☐ Part-Time (days of week/time of day needed\_\_\_\_\_)
- ☐ After-School ☐ Before and After-School ☐ School-Age (Summer) Coverage

**Requested Start Date:**

(YYYY-MM-DD)

**Name of Regulated Child Care Centre or Regulated Family Home (if known):**

**Child's Legal Name:**

**Date of Birth:**

(YYYY-MM-DD)

**Child Care Requested:**

- ☐ Full-Time ☐ Part-Time (days of week/time of day needed\_\_\_\_\_)
- ☐ After-School ☐ Before and After-School ☐ School-Age (Summer) Coverage

**Requested Start Date:**

(YYYY-MM-DD)

**Name of Regulated Child Care Centre or Regulated Family Home (if known):**

**Child's Legal Name:**

**Date of Birth:**

(YYYY-MM-DD)

**Child Care Requested:**

- ☐ Full-Time ☐ Part-Time (days of week/time of day needed\_\_\_\_\_)
- ☐ After-School ☐ Before and After-School ☐ School-Age (Summer) Coverage

**Requested Start Date:**

(YYYY-MM-DD)

**Name of Regulated Child Care Centre or Regulated Family Home (if known):**

## Section D – Reason for Requiring Child Care

<input type="checkbox"/> Employment (refer to Section E)	<input type="checkbox"/> Injury/Illness/Disability/Rehabilitation(refer to sections E & G)
<input type="checkbox"/> Education and Training (refer to Sections E & F) * Intermediate/High School Students omit section E	<input type="checkbox"/> Department of Children, Seniors and Social Development – CSSD (refer to section G)
<input type="checkbox"/> Child Development (refer to Sections E & G) *SCWA omit section E	

## Section E – Income Disclosure (for both applicant and spouse/partner – if applicable)

<b>Applicant:</b> Please answer all questions	<b>Applicant</b>	<b>Net Amount / Frequency</b>
<b>1. Are you in receipt of income Support?</b>  <b>Provide a copy of:</b> a. Two current income support pay stubs within last 30 days.	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
<b>2. Are you currently Employed?</b>  <b>Provide a copy of:</b> a. Canada Revenue Agency Notice of Assessment – Line 236 and a copy of T2125 (if self-employed). b. All pay stubs for the last 30 days or a letter from your employer showing deductions and net pay. c. A work schedule (if applicable).	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____ Weekly _____ Bi-Weekly _____ Monthly _____ Commission _____ Semi-monthly
<b>3. Are you receiving compensation from Workplace NL?</b>  <b>Provide a copy of:</b> a. All pay stubs for the last 30 days.	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____ Weekly _____ Bi-Weekly _____ Monthly _____ Semi-monthly
<b>4. Are you receiving Employment Insurance?</b>  <b>Provide a copy of:</b> a. All pay stubs for the last 30 days.	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____ Weekly _____ Bi-Weekly _____ Monthly _____ Semi-monthly
<b>5. Are you receiving a Training Allowance?</b>  <b>Provide a copy of:</b> a. Stub or letter of breakdown stating net amount (provide after 1 <sup>st</sup> payment). b. Skills Development agreement. c. Name and phone number of skills development worker.	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
<b>6. Are you receiving Student Aid?</b>  <b>Provide a copy of:</b> a. Student Loan Notice of Assessment. b. Program Cost Form.	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
<b>7. Are you receiving/paying spousal support?</b>  <b>Provide a copy of:</b> a. Legal documentation of spousal support e.g.; support enforcement agreement with 12 month support enforcement summary, court order (if applicable).	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____ Weekly _____ Bi-Weekly _____ Monthly _____ Semi-monthly
<b>8. Are you receiving any other income (e.g.; Canada Pension, Widow/Widower Allowance, ELCC Supplement, Federal Assistance Programs)?</b>  <b>Provide a copy of:</b> a. Verification of any and all sources.	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____ Weekly _____ Bi-Weekly _____ Monthly _____ Commission _____ Semi-monthly

Spouse/Partner of Applicant: Please answer all questions	<input type="checkbox"/> Not Applicable	Spouse/Partner of Applicant	Net Amount / Frequency
<b>1. Are you in receipt of income Support?</b>  <b>Provide a copy of:</b> a. Two current income support pay stubs within last 30 days.	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	
<b>2. Are you currently Employed?</b>  <b>Provide a copy of:</b> a. Canada Revenue Agency Notice of Assessment – Line 236 and a copy of T2125 (if self-employed). b. All pay stubs for the last 30 days or a letter from your employer showing deductions and net pay. c. A work schedule (if applicable).	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	Weekly Bi-Weekly Monthly Commission Semi-monthly
<b>3. Are you receiving compensation from Workplace NL?</b>  <b>Provide a copy of:</b> a. All pay stubs for the last 30 days.	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	Weekly Bi-Weekly Monthly Semi-monthly
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<b>5. Are you receiving a Training Allowance?</b>  <b>Provide a copy of:</b> a. Stub or letter of breakdown stating net amount (provide after 1 <sup>st</sup> payment). b. Skills Development agreement. c. Name and phone number of skills development worker.	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	
<b>6. Are you receiving Student Aid?</b>  <b>Provide a copy of:</b> a. Student Loan Notice of Assessment. b. Program Cost Form.	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	
<b>7. Are you receiving/paying spousal support?</b>  <b>Provide a copy of:</b> a. Legal documentation of spousal support e.g.; support enforcement agreement with 12 month support enforcement summary, court order (if applicable).	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	Weekly Bi-Weekly Monthly Semi-monthly
<b>8. Are you receiving any other income (e.g.; Canada Pension, Widow/Widower Allowance, ELCC Supplement, Federal Assistance Programs)?</b>  <b>Provide a copy of:</b> a. Verification of any and all sources.	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	Weekly Bi-Weekly Monthly Commission Semi-monthly

## Section F – Education/Training

To be completed by the parent(s)/guardian(s) attending a post-secondary institution.

Applicant		Spouse/Partner of Applicant (if applicable)	
Name of Institution:		Name of Institution:	
Semester Start Date: (YYYY-MM-DD)	Semester End Date: (YYYY-MM-DD)	Semester Start Date: (YYYY-MM-DD)	Semester End Date: (YYYY-MM-DD)
Note: If the program is not semesterised, enter the start and end date of the program.		Note: If the program is not semesterised, enter the start and end date of the program.	
<p><b>Provide a copy of:</b></p> <ol style="list-style-type: none"> <li>Enrollment verification letter from the post-secondary institution outlining: <ol style="list-style-type: none"> <li>Full-time or part-time studies,</li> <li>Start and end date of course and program,</li> <li>Name, address and contact number for the institution, and</li> <li>Confirmation of enrollment dated the first day of the semester and identifying the length of the semester.</li> </ol> </li> <li>A class schedule (to be sent within the first week after the start of scheduled classes).</li> <li>For a student not enrolled in courses but teaching or conducting research (e.g., PhD program) an enrollment verification letter from the post-secondary institution outlining if the student is enrolled in full-time or part-time studies.</li> <li>Submit financial information as outlined in section E (if applicable).</li> </ol>			

## Section G – Professional Referral

Applicable to applicants who selected either Child Development, Health/Disability of the Parent/Guardian or CSSD as a Reason for Requiring Child Care in Section D.

**Provide a copy of:**

- A Professional Referral, outlining:
  - Details of the child's or the families need for support,
  - How child care would benefit the child and/or family,
  - Recommended amount of child care services required.
- CSSD Referral Form (if applicable).

## Section H – Consent to Obtain/Disclose Information

I authorize the *Department of Education* to obtain further information and share appropriate details of my eligibility with any third party agency, organization and department as necessary for the sole purpose of administration of the *Child Care Subsidy*. I am giving this consent of my own free will and I reserve the right to revoke my consent at any time by contacting a *Department of Education* delegate in writing and withdrawing my consent. The consent is only valid between the *Department of Education* and the person(s) named herein and is valid for one year from the date signed.

<b>Name of person providing consent</b> (please print or type)		<b>Signature</b>		<b>Date</b> (YYYY-MM-DD)	
<b>Name of person providing consent</b> (please print or type)		<b>Signature</b>		<b>Date</b> (YYYY-MM-DD)	

## Section I - Declaration

- i. I confirm the information given in this application is, to the best of my knowledge and ability, complete, true and correct.  
ii. I confirm that I have read, understood, and agree to the Terms and Conditions of the Child Care Subsidy contained in Section M.

<b>Parent/Guardian</b> (please print or type)		<b>Signature</b>		<b>Date</b> (YYYY-MM-DD)	
<b>Parent/Guardian</b> (please print or type)		<b>Signature</b>		<b>Date</b> (YYYY-MM-DD)	

## Section J - 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.

## Section K – Information for Submission

**This form may be completed online, but must be printed, signed and submitted (by mail, in person or electronically) to the regional office in your area.**

**Regional office information can be found at:**

<https://www.gov.nl.ca/education/departments/contact/#section>

**PLEASE NOTE: Subsidy Applications for Labrador Region are to be sent to Western Regional Office.**

## Section L – Questions / Inquiries

**For general inquiries or help in completing your application please contact the regional office in your area.**

**Regional office information can be found at:**

<https://www.gov.nl.ca/education/departments/contact/#section>

## **Section M - Terms and Conditions - Child Care Subsidy**

### **Detach and retain for your records**

1. It is the responsibility of the parent/guardian to pay any costs not approved under the Child Care Subsidy program and to contact the child care service to determine if any such costs apply. Refer to ELCD-2021-SUB-G1 of the Child Care Subsidy Policy Manual for information on Rates.
2. Applicants are required to report (within 14 days) any changes in the information provided on the subsidy application by completing and submitting a Change in Circumstance form to the regional office of the Department of Education, as per the Child Care Subsidy Policy, ELCD-2021-SUB-C1. Failure to notify the regional office of changes in circumstance may result in an overpayment that must be repaid by the parent/guardian to the child care service and/or Child Care Subsidy being cancelled.
3. Where the child is removed from the child care service by the parent/guardian permanently, the parent/guardian is responsible to follow the child care service's policy on providing notice to that service, and must also notify the regional office by giving a minimum two week notice. The parent/guardian will be responsible for payment to the child care service for the period for which notice was not provided. Refer to ELCD-2021-SUB-F1 of the Child Care Subsidy Policy Manual for information on Notice of Termination.
4. Where Child Care Subsidy funding is approved, an Approval of Child Care Subsidy letter will be sent to the applicant(s) and an Authorization to Provide Goods/Services form will be sent to the regulated child care service. Each month the child care service will submit an invoice on behalf of the child, based on the child's attendance record. Refer to ELCD-2021-SUB-C1 of the Child Care Subsidy Policy Manual for information on Child Care Subsidy Approvals.
5. Where the child is absent from the child care service due to illness or any other reason, the parent/guardian must notify the child care service (NOT the regional office) on the first day of absence. Refer to ELCD-2021-SUB-F1 of the Child Care Subsidy Policy Manual for information on Attendance.
6. The parent(s)/guardian(s) are responsible for notifying the regional office when a child for whom Child Care Subsidy has been approved is absent for three consecutive days when the child was scheduled to be in attendance. Refer to ELCD-2021-SUB-F1 of the Child Care Subsidy Policy Manual for information on Attendance.
7. The Child Care Subsidy Monthly Attendance Records will be reviewed for a child's attendance at the child care service. If the Department identifies that there is a pattern of non-attendance, without adequate explanation, it may result in a review of the approved Child Care Subsidy and possible termination of benefits. Should the Child Care Subsidy be cancelled, a two-week notice shall will be given in writing to the parent(s)/guardian(s) and the child care service provider. Refer to ELCD-2021-SUB-F1 of the Child Care Subsidy Policy Manual for information on Attendance.
8. Parents/guardians are responsible for the choice of regulated child care in which the child participates and adhering to Child Care Subsidy Policies.
9. Where the above Terms and Conditions are not met, the Department of Education will review the Child Care Subsidy approval, which may result in termination of benefits.