

Reason For Child Care Services

		Applicant							Spouse/Common-Law						
A. <input type="checkbox"/> Employed	Start Date	_____						Start Date	_____						
		year	month	day	year	month	day	Termination Date	_____						
		year	month	day	year	month	day	Termination Date	_____						
		year	month	day	year	month	day	Termination Date	_____						
Employer															
Business Phone Number															
Occupation															
Circle days worked per week. (If you work shifts, part time or have an undetermined work schedule, please complete section 1.)		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 worked self-employed in the previous year please submit your Income Tax Return and Income and Expense Statement.)	Start Date	_____						Start Date	_____						
		year	month	day	year	month	day	Termination Date	_____						
		year	month	day	year	month	day	Termination Date	_____						
		year	month	day	year	month	day	Termination Date	_____						
Name of Business															
Business Phone Number															
Occupation															
Circle days worked per week. (If you work shifts, part time or have an undetermined work schedule, please complete section 1.)		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	_____						
		year	month	day	year	month	day	year	month	day	year	month	day	year	month
D. <input type="checkbox"/> Education/Training	School/Facility Name:	_____						Start Date	_____						
	Applicant:	_____						Start Date	_____						
	Spouse:	_____						Termination Date	_____						
		_____						Termination 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:															
(send verification of school enrollment)															

Child Care Services Required

E.	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			
	Last	First								
	Preschool Children 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			
	Last	First								
F.	Kindergarten Children 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			
	Last	First								
G.	School Age Children - (Grade 1 up to and including 12 years of age)			Attendance	Name of Child Care	No. of Days Required Per Week	No. of Hours Required			Total Monthly Facility Fee
	Last	First	Name(s)				Before	Lunch	After	

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

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

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

I. Variable Work Schedule Explain your work schedule providing as much detail as possible (e.g. number of days, hours per day worked etc.). If you cannot provide this information please explain why.

J. Variable Work Schedule Child Care Requirements Please state the actual week days and hours per day that you require child care in one month.

K. Special Needs - Child Care Subsidy Referral (to 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 effect 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 service. 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

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, the Ministry of Advanced Education, Employment and Labour, Human Resources and 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, the Ministry of Advanced Education, Employment and Labour and other provincial 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.