




CHILD CARE SUBSIDY REVIEW OF CONTINUED ELIGIBILITY

The Child Care Subsidy Program is required to review each client file yearly to confirm continued eligibility. Please complete, and submit this form, ensure it is signed on the last page, and ensure required documents are attached. If you have a partner/spouse, they must also sign and provide required documents.

- Some documents are required to confirm your circumstances. Where a paper-clip symbol  is displayed, see the description of the document required if that circumstance applies to you.
- You are required to answer all questions we ask about you, and your spouse/partner if you have one. If you are completing the form in Adobe Reader, the required questions are highlighted in red.
- For detailed instructions, and to submit on-line, go to <https://www.ednet.ns.ca/earlyyears/families/subsidyreview.shtml>.
- Paper copies can be mailed or delivered to the address at the top of this page.

YOUR CONTACT & PERSONAL INFORMATION

NOTE: 'You' or 'your' is the person who applied for the subsidy. **'Your partner'** only applies if you have a spouse or common law partner.

CONFIRM YOUR INFORMATION				
LAST NAME		FIRST and MIDDLE NAME		
MAILING ADDRESS		CITY/TOWN		POSTAL CODE
PHONE NUMBER	EMAIL ADDRESS		SOCIAL INSURANCE NUMBER	
CONFIRM MARITAL STATUS				
Married	Common Law	Single	Divorced / Separated	Widowed
CONFIRM YOUR PARTNER'S INFORMATION				
LAST NAME		FIRST NAME and MIDDLE NAME		
PHONE NUMBER	EMAIL ADDRESS			
Is this person already on file as your partner? Yes No - If no, provide the social insurance number and date of birth.				
SOCIAL INSURANCE NUMBER		DATE OF BIRTH (YYYY/MM/DD)		
<input type="text"/>		<input type="text"/>		

YOUR INCOME & FINANCIAL CIRCUMSTANCES

LIQUID ASSETS / SAVINGS

Do you or your partner have liquid assets/savings with a total value of \$40,000 or more?

Include cash, bank accounts, and investments that can easily be converted to cash, like RRSPs. Do not include fixed assets like your home or vehicles. If you need more space, add information on page 4, under 'Additional Notes'.

Yes

No



TYPE OF ASSET	AMOUNT OF ASSET	LOCATION OF ASSET	REQUIRED DOCUMENTS
	\$		 Bank Statement
	\$		 Bank Statement





YOUR INCOME & FINANCIAL CIRCUMSTANCES CONTINUED

WHAT TYPES OF INCOME DO YOU HAVE?

Employed		Yes	No 	<ul style="list-style-type: none"> • Notice of Assessment (NOA) • Most recent pay stubs covering a four-week period or, a letter from your employer with number of hours worked and pay rate
Name of Employer:		Start Date:	YYYY/MM/DD	
Self-Employed		Yes	No 	<ul style="list-style-type: none"> • Business Notice of Assessment (NOA) • Notice of Assessment (NOA) or, signed Financial Statement for previous month
Name of Business:		Start Date:	YYYY/MM/DD	
Employment Insurance	Yes	No		<ul style="list-style-type: none"> • "My Latest Claim" from Service Canada (showing name, start/end date and payment amount)
Income Assistance (Community Services)	Yes	No		<ul style="list-style-type: none"> • Cheque stub or Caseworker's contact info
Student Loan or bank student loan	Yes	No		<ul style="list-style-type: none"> • Loan confirmation
CPP, Worker's Comp or Death/Disability Benefits	Yes	No		<ul style="list-style-type: none"> • Cheque stub
Other: Scholarships, rent received from property you own, etc.	Yes	No		<ul style="list-style-type: none"> • Confirmation documentation

WHAT TYPES OF INCOME DOES YOUR PARTNER HAVE?

Employed		Yes	No 	<ul style="list-style-type: none"> • Notice of Assessment (NOA) • Most recent pay stubs covering a four-week period or, a letter from your employer with number of hours worked and pay rate
Name of Employer:		Start Date:	YYYY/MM/DD	
Self-Employed		Yes	No 	<ul style="list-style-type: none"> • Business Notice of Assessment (NOA) • Notice of Assessment (NOA) or, signed Financial Statement for previous month
Name of Business:		Start Date:	YYYY/MM/DD	

WHAT TYPES OF INCOME DOES YOUR PARTNER HAVE?			(CONTINUED)
Employment Insurance	Yes	No 	<ul style="list-style-type: none"> • "My Latest Claim" from Service Canada (showing name, start/end date and payment amount)
Income Assistance (Community Services)	Yes	No 	<ul style="list-style-type: none"> • Cheque stub or Caseworker's contact info
Student loan or bank student loan	Yes	No 	<ul style="list-style-type: none"> • Loan confirmation
CPP, Worker's Comp or Death/Disability Benefits	Yes	No 	<ul style="list-style-type: none"> • Cheque stub
Other: Scholarships, rent received from property you own, etc.	Yes	No 	<ul style="list-style-type: none"> • Confirmation documentation

CONFIRM YOUR AND YOUR PARTNER'S TOTAL INCOME LAST YEAR



A copy of your most recent Notice of Assessment (NOA) which can be found on you CRA (Canada Revenue Agency) account is required to verify yearly income, for you and your partner.

YOUR DEPENDENT CHILDREN

HOW MANY DEPENDENT CHILDREN DO YOU HAVE?


1 2 3 4 or more

If you have more than 3 children complete the Additional Children form on our website.


NOTE: When entering the type of child care below, please refer to the following descriptions;

Age Group	Full Day (FD)	2/3 Day	1/3 Day
Infants - Preschoolers	Morning + Afternoon + Lunch	Morning or Afternoon + Lunch	Morning or Afternoon
School Age	Morning + Afternoon + Lunch or Full Day of care if the child is in attendance for the entire day on school closure days	Before OR After School + Lunch, or Before + After School, no Lunch	Before or After School


CHILD 1 - COMPLETE THIS SECTION ONLY IF CHILD IS, OR SOON WILL BE, ATTENDING CHILD CARE

LAST NAME		FIRST NAME			DATE OF BIRTH (YYYY/MM/DD)		
CHILD CARE CENTRE		How many days per week, per type of child care does this child attend day care?		FD	2/3	1/3	
Start Date if not already on file (new addition)	YYYY/MM/DD	Do you share custody of this child?		Yes	No	If yes, what percent of the week is this child with you?	
Do you have a support agreement?		Yes	No	 Court Order or Private Agreement			

CHILD 2 - COMPLETE THIS SECTION ONLY IF CHILD IS, OR SOON WILL BE, ATTENDING CHILD CARE

LAST NAME		FIRST NAME			DATE OF BIRTH (YYYY/MM/DD)		
CHILD CARE CENTRE		How many days per week, per type of child care does this child attend day care?			FD	2/3	1/3
Start Date if not already on file (New Addition)	YYYY/MM/DD	Do you share custody of this Child		Yes	No	- If yes, what percent of the week is this child with you?	
Do you have a support agreement?		Yes	No	 Court Order or Private Agreement			

CHILD 3 - COMPLETE THIS SECTION ONLY IF CHILD IS, OR SOON WILL BE, ATTENDING CHILD CARE

LAST NAME		FIRST NAME			DATE OF BIRTH (YYYY/MM/DD)		
CHILD CARE CENTRE		How many days per week, per type of child care does this child attend day care?			FD	2/3	1/3
Start Date if not already on file (New Addition)	YYYY/MM/DD	Do you share custody of this child?		Yes	No	If yes, what percent of the week is this child with you?	
Do you have a support agreement?		Yes	No	 Court Order or Private Agreement			

ADDITIONAL INFORMATION: If needed, please include additional information below.

If you have documents you are not attaching with this form, list them here with the date being sent and method used, e.g., mail, fax, etc.

NOTE: If your Review of Continued Eligibility is not received, with all required documents, by the due date you were given, it will be considered incomplete, and your subsidy will end.

Use this checklist to ensure you have all required documents, for all circumstances that apply. Check all documents being attached.

[Proof of current income, from all income types. See page 2.](#)

[Proof of liquid assets if combined assets are worth \\$40,000 or more. See page 2.](#)

[Canada Revenue Notice of Assessment to verify your income last year. Required for both you and your partner.](#)

HAVE YOU, AND YOUR PARTNER, IF APPLICABLE, COMPLETED THE FOLLOWING?

Answered all the questions that apply to your circumstances?

Gathered all the documents required to verify your circumstances?

Your most recent NOA(s) are required to be submitted.

Signed and dated the Consent form on page 5?

If you do not have all the information we requested, or if you have questions, please call 1-844-804-2084.

Once your complete review is received, it will be assessed within 4 weeks. You will be notified of the results.

REQUIRED: READ THE FOLLOWING CONSENT INFORMATION AND SIGN ON THE FOLLOWING PAGE

YOUR OBLIGATIONS AND CONSENT

Notify Us If Any of Your Information Changes

You must notify your Child Care Subsidy Caseworker about any changes in your financial circumstances – anything related to the information collected on the application form. You must notify us of changes as they happen. If you fail to notify us and we pay you too much, three things may happen. You may have to pay us back. We may cancel your subsidy. We may take you to court. We have authority to do these things under the Day Care Act and Regulations, Section 55 (5) (6), which states that “providing false or misleading information may result in termination, an overpayment and/or legal action.”

I agree to notify the Child Care Subsidy Caseworker of any changes in our financial circumstances when they happen.

I understand that if I fail to notify the Department of Education and Early Childhood Development of changes in our financial circumstances, I could have to pay back money, my subsidy could be canceled, and I could be taken to court.

I understand that our eligibility can be assessed only after I have given you all the information requested.

I understand that only information that is necessary for determining our eligibility for child care subsidy under the Early Learning and Child Care Act is being collected.

I understand that, if necessary, other programs of the Department of Education and Early Childhood Development or other provincial government departments such as the Department of Community Services may be asked to provide the following information about us for the purpose of assessing eligibility: financial information, employment information, marital status, telephone numbers, dependents, and addresses.

I understand that department staff will disclose subsidy information about us to child care centres or family home day care agencies, such as our names or other information that identifies us and the amount of subsidy.

I understand that the caseworker may have to discuss the developmental or special needs of my child with the child care centre or family home day care agency.

I understand that my consent is valid for the period I remain as a recipient of the Child Care Subsidy program (OR) valid until I notify the Child Care Subsidy Program of any changes. I also understand that I may withdraw my consent at any time.

I certify that all the statements contained in this application are true.

I certify that I have not concealed or omitted any information requested in this application.

Name of applicant (please print) *

Date (YYYY/MM/DD) *

Signature of applicant *
(Checking this box constitutes an agreement to the terms above)

Date (YYYY/MM/DD)

Signature of spouse/partner (if applicable)
(Checking this box constitutes an agreement to the terms above)