# **Application for Child Care Subsidy**



## About the Child Care Subsidy

Nova Scotia's Child Care Subsidy Program helps eligible families pay for a portion of child care fees at licensed child care facilities, regulated family home day care agencies and Before & After Programs (BAP) for children 12 years old and younger. Eligibility is based on your family's income. Applicants can expect to hear back from us within 6 weeks.

Once the subsidy is in place, the Department of Education and Early Childhood Development will provide the funding to the child care facility, family home day care agency or BAP that you choose. Because the subsidy is attached to your child, the subsidy can be transferred to a different child care facility if needed.

For additional information, please visit our website at <u>www.ednet.ns.ca/earlyyears/</u>. If you have questions about the application process, call our toll free number: 1-844-804-2084.

### Nova Scotia Child Care Directory:

Regulated child care facilities (including regulated family home day cares) can be located by searching Nova Scotia's Child Care Directory at <u>www.ednet.ns.ca/childcaredirectory</u>.



## How do I apply?

You can apply by completing the form in the following ways:

### Fillable PDF / Secure File Transfer:

- 1. Download the file and save to your computer.
- 2. Open the file in Acrobat Reader. Fill in the fields, and save it to your computer.
- 3. Gather the documents we've asked for (see er symbols).
- Transfer your completed form to us via our secure file transfer Server found here: <u>Click Here to Submit</u> You may also transfer digital versions of your supporting documents. Paper documents should be mailed, or hand delivered, to the address below.

### □ Paper form:

- 1. Complete the paper form.
- 2. Print the form. Sign it.
- 3. Gather the documents we've asked for (see error symbols). Tell us how many sheets of paper (not including this form) that you have sent so we can be sure we get everything you send us:
- 4. Mail, or hand deliver, the signed form and documents to the address below.

#### Address:

Department of Education and Early Childhood Development Child Care Subsidy Program PO Box 578 2021 Brunswick Street Halifax, NS B3J 2S9

# About you and your spouse or partner, if you have one

1  $\triangleright$  Declare your marital status \*

	Married	
	Common law	
	Single	
	Divorced or separated	
	U Widowed	
2 ▷ 3 ▷	<ul> <li>Is this your first application for a child care</li> <li>Yes</li> <li>No</li> <li>Is this your spouse/partner's first application for a construction for construction for a con</li></ul>	
J	Last name:	
	First name:	
	Your Preferred Pronouns are:	Date of birth: (YYYY/MM/DD)
	🗌 He/Him 🔄 She/Her 📄 They/Them 🗌 Other	Social insurance number:
	Give your spouse/partner's information (if applicabl	e)
	Last name:	
	First name:	Middle name:
	Your Preferred Pronouns are:	Date of birth: (YYYY/MM/DD)
	He/Him She/Her They/Them Other	(YYYY/MM/DD) Social insurance number:
4 🗅	Give your contact information *	
	Mailing address:	
	City/town	Postal code
	Applicant and spouse/partner home phone number:	
	Applicant cell phone number:	
	Spouse/partner cell phone number:	
	Applicant email (for contact purposes only):	
	Spouse/partner email (for contact purposes only):	

## 5 $\triangleright$ Declare your citizenship and status, and attach proof if requested \*

	Canadian citizen
e	Permanent resident of Canada: attach a copy of your permanent resident card
e	Refugee claimant in Canada: attach a document as proof
e	Temporary resident of Canada: attach a copy of your work or study visa
	Other (explain):
	Declare spouse/partner's citizenship and status, and attach proof if requested (if applicable)
	Canadian citizen
e	Permanent resident of Canada: attach a copy of your permanent resident card
e	Refugee claimant in Canada: attach a document as proof
e	Temporary resident of Canada: attach a copy of your work or study visa

- Temporary resident of Canada: attach a copy of your work or study visa
- Other (explain):

#### About your financial need |>

## 6 Describe your current circumstances \*

•	
e	Employed (Attach copies of your most recent <b>NOA</b> and copies of your <b>3 most recent paystubs</b> ) Name of employer:
	Address of employer:
	Date employment started: Occupation:
	Number of work hours each week: Number of days worked each week:
e	Enrolled and attending an education or training program (Attach a copy of your <b>funding letter</b> , if applicable) Name of school:
	Name of program:
	Start date: Finish date: (YYYY/MM/DD)
	Unemployed
e	Receiving El Benefits (Attach a copy of your <b>My Latest Claim</b> from your Service Canada Account)
	Type and Amount of Benefit:
	Not Receiving El Benefits

	Describe spouse/partner's current circumstances (if applicable)		
	Employed (Attach copies of your most recent <b>NOA</b> and copies of your <b>3 most recent paystubs</b> ) Name of employer:		
	Address of employer:		
	Date employment started: Occupation:		
	(YYYY/MM/DD) Number of work hours each week: Number of days worked each week:		
	Enrolled and attending an education or training program (Attach a copy of your <b>funding letter</b> , if applicable) Name of school:		
	Name of program:		
	Start date: Finish date: (YYYY/MM/DD)		
	Unemployed		
e	Receiving El Benefits (Attach a copy of your <b>My Latest Claim</b> from your Service Canada Account) Type and Amount of Benefit:		
	Not Receiving El Benefits		
7 🗅	Do you currently receive Employment Supports or Income Assistance (ESIA) from the Department of Community Services? *		
	Yes. If yes, How much do you receive each month? \$		
	Name of IA Caseworker:		
	Phone number of IA Caseworker:		
	No		
	Does your spouse/partner currently receive Employment Supports or Income Assistance (ESIA) from Community Services? (if applicable)		
	Yes. If yes, How much do you receive each month? \$		
	Name of IA Caseworker:		
	Phone number of IA Caseworker:		
	Νο		

8	$\triangleright$	Are you currently involved with another social agency? *
		Yes. If yes, give the name of the social agency:
		Social agency contact name:
		Social agency phone number:
		No
		Is your spouse/partner currently involved with another social agency?
		Yes. If yes, give the name of the social agency:
		Social agency contact name:
		Social agency phone number:
		No
و @	$\triangleright$	Attach documents that prove your income *
		The amount of subsidy you qualify for is based on your total family income as shown on line 236 of
		your last tax return. Proof of income is required. You must submit this proof before we can process your application. We may ask for other documents to prove your eligibility.
		Submit current Canada Revenue Agency Notice of Assessment (NOA) – all applicants
		If employed, submit 3 recent pay stubs
		<ul> <li>If starting a new job, submit a letter from your employer with number of hours and pay rate</li> <li>If self-employed or owner of a business, submit current Business NOA</li> </ul>
		<ul> <li>If owner of a business, submit signed Business Financial Statement</li> </ul>
		Do you have income from any of the following sources? Check all that apply and give details.
		Rental property income: \$
		Employment Insurance benefits (amount before deductions):     \$ Start date: End date:
		(YYYY/MM/DD) End date: (YYYY/MM/DD)
		Worker's Compensation benefit: \$
		Death or disability benefit: \$
		<ul> <li>Scholarships or fellowships: \$</li> <li>Other source of income, like tips. Explain:</li> </ul>
_		
Ē		Attach documents that prove your spouse/partner's income (if applicable)
		The amount of subsidy you qualify for is based on your total family income as shown on line 236 of your last tax return. Proof of income is required. You must submit this proof before we can process your
		application. We may ask for other documents to prove your eligibility.
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		<ul> <li>If owner of a business, submit signed Business Financial Statement</li> </ul>

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your home or		
orm.		
Tell us about your dependent children *		
ependent		
E		

### Who has custody of this child?

My spouse/partner and I both do. We live together.	
I have sole custody.	
I share custody: What % each month:%	
Which days of the week does your child reside with	Vou2
	·
Monday Tuesday Wednesday Thur	
If you have sole or shared custody, do you have a co	ourt order or private agreement?
Court order: attach a copy	
Private agreement: attach a copy or describe below:	·
Give information about the child care arrangem	ent, if known
I have not yet found child care for my child:	
Name of child care centre, family home daycare agency o before and after program	
Your child's start date: (YYYY/MM/DD)	Monthly fee before subsidy: \$
Numbers of hours per day: N	Aonday 🗌 Tuesday 🗌 Wednesday 🔄 Thursday 🗌 Frida
Child 2 (if applicable)	
Are you applying for a subsidy for this child?	
☐ Yes	
No	
Child's personal information	
Last name:	
First name:	
Date of birth:	Gender: Male Female
Relationship to applicant (child, stepchild, grandchild):	
Relationship to partner/spouse (child, stepchild, grandch	nild):
Who has custody of this child?	
My spouse/partner and I both do. We live together.	
I have sole custody.	
I share custody:	
What % each month:%	
Which days of the week does your child reside with	you?
🗌 Monday 🗌 Tuesday 🗌 Wednesday 🗌 Thu	rsday 🗌 Friday

## If you have sole or shared custody, do you have a court order or private agreement?

Court order: attach a copy	
Private agreement: attach a copy or de	scribe below:
ive information about the child care arra	angement, if known
have not yet found child care for my child:	]
ame of child care centre, family home daycare a before and after	agency or program:
	Monthly fee before subsidy: \$
(YYYY/MM/DD)	
umbers of hours per day:	_ 🗌 Monday 🔄 Tuesday 📄 Wednesday 🔄 Thursday 🗌 Frida
Child 3 (if applicable)	
Are you applying for a subsidy for this cl	hild?
Yes	
No No	
Obild's never al information	
Child's personal information	
	Middle name:
Date of birth:	Gender: Male Female
Relationship to applicant (child, stepchild, g	
Relationship to partner/spouse (child, stepc	child, grandchild):
Who has custody of this child?	
My spouse/partner and I both do. We li	ve together.
I have sole custody.	
I share custody:	
What % each month:	%
Which days of the week does your child	l reside with you?
Monday Tuesday Wednesd	day 🗌 Thursday 🔄 Friday
If you have cale or chared suctedy, do w	ou have a court order or private agreement?
II you have sole of shared custouy, up vo	
Court order: attach a copy	

## Give information about the child care arrangement, if known

I have not yet found ch	nild care for my child:	
Name of child care cen		care agency or after program:
Your child's start date: (YYYY/MM/DD)		Monthly fee before subsidy: \$
Numbers of hours per	day:	Monday 🗌 Tuesday 🗌 Wednesday 🗌 Thursday 🗌 Friday

## **12** > **Additional Information**

If needed, please include additional information below.



# CHILD CARE SUBSIDY PROGRAM

## **ABOUT 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 Early Learning and Child Care Regulations, made under the Early Learning and Child Care Act 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)

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