

THE CORPORATION OF THE CITY OF LONDON

Ian Gibb, Program Manager
Children's Services
Department of Community Services
P. O. Box 5045,
151 Dundas Street 4th Floor
London, ON N6A 4L6



Telephone: (519) 661-4834
Fax: (519) 661-5821
EMAIL: childcare@london.ca

CHILDREN'S SERVICES CHILD CARE SUBSIDY

Dear Applicant:

Thank you for applying for Child Care Subsidy. Your application will be date stamped the day it is received in the Child Care Subsidy office. If eligible and funding is available, your child will be approved for Child Care Subsidy in a licensed Child Care setting or an approved recreation program of your choice. If funding is not available, the name of each eligible child will be kept on a waitlist for Child Care Subsidy. For more information, please see the Children's Services web site at www.london.ca/childcare. If you have any questions or if you need assistance, please call 519-661-4834 between the hours of 8:30 am and 4:30 pm, Monday to Friday. Thank you.

INFORMATION YOU MUST SUBMIT WITH YOUR COMPLETED APPLICATION

Please Note: All applicants **must** file income tax returns for the **previous** year **before** applying for Child Care Subsidy. For example, you must have filed your 2009 taxes to be eligible in 2010.

1 - INCOME INFORMATION

You must provide **one** of the following to verify your income level:

- Most recent Notice of Assessment (NOA) from Revenue Canada for applicant and spouse (if applicable)
- Most recent Annual Canada Child Tax Benefit (CCTB) statement showing Family Income
- Statement of current Ontario Works or current ODSP Income

If you do not have this information and need a replacement please contact Revenue Canada at 1-800-959-8281 (NOA) or at 1-800-387-1193 (CCTB)

2 - APPLICANT & CHILD INFORMATION

You must provide **one** of the following to verify the legal name and date of birth of ALL members of the family:

- Birth Certificate
- Ontario Health Card
- Passport, Citizenship or Immigration documents as verification of Canadian Citizenship, Permanent Resident or Landed Immigrant Status
- Legal Custody / Separation Agreement / Guardianship documents

3 - PROOF OF LONDON ADDRESS

You must provide **one** of the following with your current address:

- Your most recent Utility Bill such as cable, hydro, gas
- Your most recent Lease or Rental Agreement
- Valid Driver's License

4 - PROOF OF NEED FOR CHILD CARE

You must provide **one** of the following to show your need for child care (for each Applicant):

- **Student/Training:** School timetable and confirmation of your registration in school showing start and end dates. Please include type of funding if applicable (EI, OSAP)
- **Employed:** Two most recent pay stubs *OR* a letter from your employer on company letterhead that shows your place of employment, your hours and days of work
- **Self Employed:** Income Expense Statement or Business License and business card
- **Maternity or Parental Leave:** Letter from your employer stating your return to work date
- **Special Needs and/or Referrals:** A referral letter from your medical doctor, community agency or other professional about you or your child's need for child care

Photocopies of items 1 - 4 MUST BE ATTACHED to your completed application

APPLICANT				
Last Name	First Name	Date of Birth DD/MM/YYYY	Gender M/F	
Address	City	Postal Code	Home Phone	Alternate Phone
Email Address: Note: I prefer that Children's Services contact me or reply to my inquiries by email and I understand that the internet is not a secure method of communication and may contain my confidential information. <input type="checkbox"/> Yes <input type="checkbox"/> No				
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Common Law <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				
Citizenship: <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Landed Immigrant				
Proof of need for Child Care: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time				
<input type="checkbox"/> Leaving OW/ODSP to employment <input type="checkbox"/> Employed/Self-Employed <input type="checkbox"/> Special Needs/Referral				
<input type="checkbox"/> Leaving OW/ODSP to education <input type="checkbox"/> Education/Training <input type="checkbox"/> Maternity/Parental Leave				

APPLICANT 2 (IF APPLICABLE)				
Last Name	First Name	Date of Birth DD/MM/YYYY	Gender M/F	
Proof of need for Child Care: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time				
<input type="checkbox"/> Leaving OW/ODSP to employment <input type="checkbox"/> Employed/Self-Employed <input type="checkbox"/> Special Needs/Referral				
<input type="checkbox"/> Leaving OW/ODSP to education <input type="checkbox"/> Education/Training <input type="checkbox"/> Maternity/Parental Leave				

CHILD(REN) REQUIRING CHILD CARE						
Last Name	First Name	DOB DD/MM/YYYY	Gender M/F	Child Care if decided	School/Grade	
Last Name	First Name	DOB DD/MM/YYYY	Gender M/F	Child Care if decided	School/Grade	
Last Name	First Name	DOB DD/MM/YYYY	Gender M/F	Child Care if decided	School/Grade	
Last Name	First Name	DOB DD/MM/YYYY	Gender M/F	Child Care if decided	School/Grade	

CHILD CARE INFORMATION
Date Child Care was already started or is going to be required (DD/MM/YYYY):
What type of care do you require (check all that apply)? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Before/After School <input type="checkbox"/> March Break <input type="checkbox"/> Winter Break <input type="checkbox"/> Summer <input type="checkbox"/> PD Days
Do you or your children have special needs expenses that are not reimbursed by insurance or government program? (As shown on line 215, 330 or 331 on your income tax). <input type="checkbox"/> Yes <input type="checkbox"/> No * If Yes, please provide receipts

REVENUE CANADA INCOME INFORMATION
Net Income as shown on line 236 of your Revenue Canada's NOTICE OF ASSESSMENT for the most recent year
Applicant's line 236 Net Income or CCTB Family Income: Year:
Applicant's 2 (if applicable) line 236 Net Income or CCTB Family Income: Year:
All of the information on this application is true to the best of my/our knowledge and belief. I/we will inform The Corporation of the City of London, Department of Community Services, Children's Services immediately of any changes in my/our circumstances, such as changes in marital status, employment, school, training, child care centres, and/or any other changes in my/our situation.
Signature of Applicant Date Signed DD/MM/YYYY Signature of Applicant 2 Date Signed DD/MM/YYYY

PLEASE RETURN COMPLETED APPLICATION TO:
CHILDREN'S SERVICES
151 DUNDAS STREET, 4TH FLOOR
PO BOX 5045
LONDON ON N6A 4L6
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