

# THE CORPORATION OF THE COUNTY OF MIDDLESEX



Social Service Department  
399 Ridout Street North  
London, ON N6A 2P1  
Telephone: (519) 434-7321  
Facsimile: (519) 434-9050

## CHILDREN'S SERVICES CHILD CARE FEE SUBSIDY APPLICATION

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 fee subsidy office. Once reviewed, if eligible, the child will be placed in a child care setting of the parent's choice. (Please be aware that we are currently in a waitlist situation so if eligible your name will be added to our waitlist until funding is available). Should you have any questions about the application or if you need assistance, please call Kelly Smith 519-434-7321 ext 2289 between the hours of 8:30 am and 4:30 pm, Monday to Friday.

### 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 Fee Subsidy. For example, you must have filed your 2014 taxes to be eligible in 2015.

#### 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) and your Universal Child Care Benefit Statement
  - Most recent Annual Canada Child Tax Benefit (CCTB) statement showing Family Income
- Or**
- If on Ontario Works or ODSP
    - Statement of current Ontario Works or current ODSP income **and**
    - Most recent Notice of Assessment (NOA) from Revenue Canada for applicant and spouse (if applicable) and your universal Child Care Benefit Statement
    - Or most recent Annual Canada Child Tax Benefit (CCTB) statement showing Family Income

If you do not have this information and need a replacement, please contact Revenue Canada at [www.cra.ca/myaccount](http://www.cra.ca/myaccount)

#### 2. APPLICANT & CHILD INFORMATION

You must provide **one** of the following to verify status in Canada for all family members:

- Birth Certificate
  - Ontario Health Card
  - Passport, Citizenship or Immigrations documents as verification of Canadian Citizenship, Permanent Resident or Landed Immigrant Status, or work/student visa (if temporary resident)
- And**
- Legal Custody/Separation Agreement/Guardianship documents (if applicable)

#### 3. PROOF OF MIDDLESEX ADDRESS

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

- Your most recent Utility bills such as Cable, hydro or gas
- Your most recent Lease or Rental Agreement

#### 4. PROOF OF NEED FOR CHILDCARE

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 (from T1 General) and business card
- **Maternity or Parental Leave:** Letter from your employer stating your return to work date
- **Special Needs and or Referral:** A referral package completed by your medical doctor, community agency or other professional about you or your child's need for child care. Request a referral package from our office

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

**APPLICANT**  
Surname: \_\_\_\_\_ First name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City/Town : \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ ext: \_\_\_\_ Cell: \_\_\_\_\_

**Marital Status:**

- Single  Married  Separated  Common law  Divorced  Widowed

**Proof of Need for Child Care:**

- Full time  Part time

- Leaving OW/ODSP to Employment  Employed/Self Employed  Special Needs/Referral  
 Leaving OW/ODSP to Education  Education/Training  Maternity/Parental Leave

**STATUS IN CANADA** (Please provide verification)  
 Born in Canada  Refugee Claimant  Permanent Resident / Canadian Citizen

**APPLICANT 2 (IF APPLICABLE)**  
Surname: \_\_\_\_\_ First name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ ext: \_\_\_\_ Cell \_\_\_\_\_

**CHILD(REN) REQUIRING CHILD CARE**

Last Name	First Name	DOB dd/mm/yyyy	Gender M/F	Child Care Centre	School/Grade

**What type of care is required for your child (ren)?**

- full time  part time  before/after school  summer  school break

Date Child Care was already started or is going to be required (DD/MM/YYYY)

**Do you or your child (ren) have special needs expenses that are not reimbursed by insurance or government program?**  
 No  Yes (As shown on line 215,330 or 331 on your income tax) If yes please provide receipts

**All of the information on this application is true to the best of my/our knowledge and belief. I/we will inform The County of Middlesex, Children's Services Staff immediately of any changes in my/our circumstances, such as changes in marital status, employment, school, training, childcare centre, and/or any other changes in my/our situation.**

Signature of Applicant	Date Signed
Signature of Spouse	Date Signed

**PLEASE RETURN COMPLETED APPLICATION WITH DOCUMENTS TO:**

**Corporation of the County of Middlesex**  
**Social Service Department**  
**399 Ridout Street North**  
**London, ON N6A 2P1**

**Hours: Monday to Friday 8:30 a.m. to 4:30 p.m.**  
**TELEPHONE: (519) 434-7321**  
**FAX: 519-434-9050**

**All submitted documents will be retained by the County of Middlesex for a period of not less than seven (7) years.**