

CHILD CARE
Social Services Department



545 Pembroke Street West
Pembroke, ON K8A 5P2
Phone: 613-732-4100
Toll Free: 1-866-561-7679
Fax: 613-732-4437
www.countyofrenfrew.on.ca

Application For Child Care Fee Subsidy

Dear Applicant:

Thank you for your interest in Child Care Fee Subsidy. Please complete the application, sign and return it to our office by mail, fax or email if scanned. Your application will be reviewed. You will receive a letter confirming your placement on the Waitlist. If you do not receive a letter of confirmation please contact Child Care Services.

Once your application is processed you will be placed on a county wide Fee Subsidy Waitlist. When a space becomes available at one of the agencies you have chosen, an Eligibility Coordinator will call you to screen your application. Eligibility for fee subsidy will not be determined until a space is available. If you are interested in an estimation of your eligibility, please visit the County of Renfrew Child Care website and use our online Fee Subsidy Estimator Tool. Note: In order to receive a fee subsidy in the County of Renfrew, the applicant and the child(ren) requiring care must reside within the County of Renfrew boundaries.

The “**Income Test**” is the tool that will be used to assess your financial eligibility for child care for **children ages 0-12**. It is based on your annual net income, which is identified on line 236 of your Canada Revenue Notice of Assessment.

Should you have any questions about the application or if you need assistance, please call Child Care Services at (613-732-4100 or 1-866-561-7679) between the hours of 8:00 am and 4:00 pm, Monday to Friday OR email Child Care Services at: childcare@countyofrenfrew.on.ca.

The Following Documents Will be Required When a Space Becomes Available:

1. **Income Verification** – most recent (current within the past 2 years) Canada Revenue Agency Notice of Assessment, Universal Child Care Benefit Statement (RC 62) and Canada Child Tax Benefit Notice. Copies of these documents can be requested by contacting Canada Revenue Agency directly at 1-800-959-8281 (Notice of Assessment) or 1-800-387-1193 (Canada Child Tax Benefit).
2. **Proof of Custody** – most recent Canada Child Tax Benefit and Custody Agreement (if applicable).
3. **Address Verification** – such as a rent receipt, a lease, mortgage agreement and/or a property tax assessment. In addition, one current household bill must be submitted.
4. **Activity Verification** – such as an employment paystub and/or a school timetable.
5. **Special/Social Needs** – (if applicable) a “Documentation of Child’s Special/Social Needs” or “Documentation of Parent/Guardian Special Needs” completed by a qualified professional is required. The forms are available at the local Child Care office.
6. **Birth Verification** – for all applicants and dependent children such as Birth Certificates, Baptismal, Notice of Birth Registration, etc.

ALL APPLICANTS MUST
FILE INCOME TAX
RETURNS FOR THE
PREVIOUS YEAR BEFORE
APPLYING FOR CHILD
CARE FEE SUBSIDY.

APPLICATION INFORMATION FOR FAMILIES

A. APPLICANT INFORMATION

Surname:		Legal First Name:			
Date of Birth (dd/mmm/yyyy):					
Address:		City:	Postal Code:		Municipality:
Home Phone:		Work Phone:		Cell:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Common Law <input type="checkbox"/> Divorced					
Email Address:					

B. SPOUSAL INFORMATION

Surname:		Legal First Name:			
Date of Birth (dd/mmm/yyyy):					
Address:		City:		Postal Code:	
Home Phone:		Work Phone:		Cell:	

C. Are there any other adults living in the home or using your address?

Name: _____ Relationship: _____

Name: _____ Relationship: _____

D. Canada Revenue Information - please provide the following

Net Income as shown on line 236 of your **Revenue Canada Notice of Assessment** for the most recent taxation year, **not** your T1 Summary.

OR

Family Net Income as shown on your **Canada Child Tax Benefit Notice** for the most recent taxation year.

Applicant #1 Line 236 Net Income:		Year:	Applicant #1 CCTB Net Income:		Year:
Applicant #2 Line 236 Net Income:		Year:	Applicant #2 CCTB Net Income:		Year:

E. Fee Subsidy History in Renfrew County

➤ Have you applied for subsidy in the past?
 Yes No

➤ Are your children attending a licensed child care agency or a before and after school program?
 Yes No

If YES, which agency and location? _____

F. Why are you requesting Fee Subsidy? (check all that apply)

Applicant 1

1. Working:

- Full time
- Part time
- Casual
- Self Employed

Place of Employment: _____

Hours Employed per week: _____

2. Student:

- Full time
- Part time
- Correspondence

3. Other:

- Job Searching
- Special Needs (child)
- Special Needs (parent)
- Socialization (child)
- Learning Earning and Parenting (LEAP)
- Other: _____

4. Income:

- Ontario Works
- Ontario Disability Support Program
- Working
- Other: _____

Applicant 2

1. Working:

- Full time
- Part time
- Casual
- Self Employed

Place of Employment: _____

Hours Employed per week: _____

2. Student:

- Full time
- Part time
- Correspondence

3. Other:

- Job Searching
- Special Needs (child)
- Special Needs (parent)
- Socialization (child)
- Learning Earning and Parenting (LEAP)
- Other: _____

4. Income:

- Ontario Works
- Ontario Disability Support Program
- Working
- Other: _____

G. How did you hear about the fee subsidy program?

- | | | |
|--|--|---|
| <input type="checkbox"/> Child Care Centre | <input type="checkbox"/> Family and Children's Services | <input type="checkbox"/> Ontario Disability Support Program |
| <input type="checkbox"/> Ontario Works | <input type="checkbox"/> Child Care Fee Subsidy Pamphlet | <input type="checkbox"/> Advertisement: flyer, newspaper |
| <input type="checkbox"/> Health Professional | <input type="checkbox"/> Community info event | <input type="checkbox"/> Resource Centre/Library |
| <input type="checkbox"/> School | <input type="checkbox"/> Family/Friends | <input type="checkbox"/> Other: _____ |

H. Are you, your spouse or any of your children involved with any supporting agencies?

- Yes No

If yes, please identify the agency: _____

I. CHILDREN REQUIRING CARE

CHILD #1

Last Name:		Legal First Name:		Male <input type="checkbox"/>
				Female <input type="checkbox"/>
Child's Date of Birth (dd/mmm/yyyy):		Name of School Attending: Grade: _____ JK/SK Schedule (circle) M T W T F		
Child Care/Early Learning/Recreation Program Choices (Please enter up to 3 choices in order of interest)				
1.	2.	3.		
What type of care is required? <input type="checkbox"/> full time <input type="checkbox"/> part time (circle days required) M T W T F <input type="checkbox"/> before/after school <input type="checkbox"/> summer				
Requested Start Date for Child Care: Day: _____ Month: _____ Year: _____				

CHILD #2

Last Name:		Legal First Name:		Male <input type="checkbox"/>
				Female <input type="checkbox"/>
Child's Date of Birth (dd/mmm/yyyy):		Name of School Attending: Grade: _____ JK/SK Schedule (circle) M T W T F		
Child Care/Early Learning/Recreation Program Choices (Please enter up to 3 choices in order of interest)				
1.	2.	3.		
What type of care is required? <input type="checkbox"/> full time <input type="checkbox"/> part time (circle days required) M T W T F <input type="checkbox"/> before/after school <input type="checkbox"/> summer				
Requested Start Date for Child Care: Day: _____ Month: _____ Year: _____				

CHILD #3

Last Name:		Legal First Name:		Male <input type="checkbox"/>
				Female <input type="checkbox"/>
Child's Date of Birth (dd/mmm/yyyy):		Name of School Attending: Grade: _____ JK/SK Schedule (circle) M T W T F		
Child Care/Early Learning/Recreation Program Choices (Please enter up to 3 choices in order of interest)				
1.	2.	3.		
What type of care is required? <input type="checkbox"/> full time <input type="checkbox"/> part time (circle days required) M T W T F <input type="checkbox"/> before/after school <input type="checkbox"/> summer				
Requested Start Date for Child Care: Day: _____ Month: _____ Year: _____				

Do any of your children listed have a Special Need? (select one or more)

<input type="checkbox"/> My child has a diagnosed special need	<input type="checkbox"/> Hearing loss
<input type="checkbox"/> Physical needs	<input type="checkbox"/> Medical Needs
<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Behaviour
<input type="checkbox"/> Global / Developmental delay	<input type="checkbox"/> Visual Impairment
<input type="checkbox"/> Speech / Language delay	<input type="checkbox"/> Other, specify:
Name(s) of child(ren) with Special Need:	

J. INFORMATION ON CHILDREN NOT REQUIRING CARE

Last Name:	First Name:
Child's Date of Birth:	Name of School Attending:

Last Name:	First Name:
Child's Date of Birth:	Name of School Attending:

K. STATEMENT OF FACT AND CONSENT

All of the information on this application is true to the best of my/our knowledge and belief. I/we will inform County of Renfrew, Child Care Services immediately of any changes in my/our circumstances, such as changes in marital status, employment, school, training, and/or any other changes in my/our situation. I/we also consent to the exchange of information between the County of Renfrew Child Care Services and my/our preferred Child Care Provider choices as well as Ontario Works or Ontario Disability Support Program (if applicable) for the purpose of determining a placement for my/our child(ren).

Signature of Applicant: _____ Date Signed: _____

Signature of Spouse: _____ Date Signed: _____

Office Use Only

Telephone Application completed on _____ by _____.

Applicant(s) have been read, indicated their understanding and provided verbal consent to the above Statement of Fact and Consent.

Applicant 1

Applicant 2

PLEASE RETURN ALL COMPLETED APPLICATIONS AND DOCUMENTS TO:

County of Renfrew Child Care Services
Attention: **Child Care Services Intake Coordinator**

Mail: 545 Pembroke Street West
Pembroke, Ontario
K8A 5P2

Phone: (613) 732-4100
Toll Free: 1-866-561-7679
Fax: (613) 732-4437
Email: childcare@countyofrenfrew.on.ca