



The personal information collected on this form is under the authority of the Child Care Subsidy Act. The information will be used to determine eligibility for child care subsidy. If you have any questions about the collection, use or disclosure of this information, please call the Child Care Subsidy Service Centre at 1-888-338-6622. Personal information is protected from unauthorized use and disclosure in accordance with the Freedom of Information and Protection of Privacy Act.

Use this form to renew your Child Care Subsidy. You must already be receiving Child Care Subsidy to use this form. If you want to continue Child Care Subsidy, complete this form and submit it to the Child Care Subsidy Service Centre (CCSSC) office by mail or fax. If you received this form in the mail and have already renewed your subsidy, please disregard or call the CCSSC if you are unsure.

SECTION 1 APPLICANT INFORMATION (Please Print)

Form with fields for APPLICANT'S NAME, SOCIAL INSURANCE NUMBER, BIRTH DATE, RESIDENTIAL ADDRESS, CITY/TOWN, POSTAL CODE, MAILING ADDRESS, PREFERRED PHONE, and SECONDARY PHONE.

APPLICANT'S REASON FOR CHILD CARE

- Employer #1, Employer #2, Self-Employed, Participating in Employment-Related Program, Attending School, Seeking Employment, A medical condition interferes with your ability to care for your child/children, Child attends preschool, Referred by a Social Worker.

SECTION 2 SPOUSE INFORMATION

For new additions only, you are required to submit a photocopy of one (1) piece of government issued identification for your spouse (photo preferred) with this renewal form.

Form with fields for SPOUSE'S NAME, SOCIAL INSURANCE NUMBER, BIRTH DATE, and disability/age questions.

SPOUSE'S REASON FOR CHILD CARE

- Employer #1, Employer #2, Self-Employed, Participating in Employment-Related Program, Attending School, Seeking Employment, A medical condition interferes with your ability to care for your child/children, Child attends preschool, Referred by a Social Worker.

SECTION 3 APPLICANT AND SPOUSE INCOME

Please use this space to provide further information or describe changes in your Subsidy requirements (you may also attach a separate page)

Blank lines for providing further information or describing changes in subsidy requirements.

If you are a Foster Parent, receive Child in Home of Relative (CIHR) payments or are caring for a child under the *Child, Family and Community Service Act* (i.e. interim or temporary custody order, or Kith and Kin agreement), you **do not** need to complete this section.

Applicant and Spouse **are not required** to include the following as income: Canada Child Tax Benefit, BC Family Bonus, Universal Child Care Benefit, GST rebates. Applicant and Spouse **must submit** proof of the following income, and include photocopies of the last 2 pay stubs or income statements for regularly received income, and periodic income such as grants or investment income.

**APPLICANT'S INCOME**

**SPOUSE'S INCOME**

- Employment Income
- Self-Employment Income (submit Self-Employment form)
- Employment Insurance Benefits
- Income Assistance and Band Assistance
- Worksafe BC
- Federal benefits (CPP, Survivors benefits, CPP disability)
- Training or living allowance
- Grants/bursaries/scholarships  
(no tuition, books or grants under BC Student Assistance Program)
- Other investments, interest
- Spousal and/or child support received \$ \_\_\_\_\_/month
- Tips \$ \_\_\_\_\_/month
- Income from Dependent Adults \$ \_\_\_\_\_/month
- Income from room/board/suite \$ \_\_\_\_\_/month
- Income from rental \$ \_\_\_\_\_/month
- Other Income \_\_\_\_\_ \$ \_\_\_\_\_/month

- Employment Income
- Self-Employment Income (submit Self-Employment form)
- Employment Insurance Benefits
- Income Assistance and Band Assistance
- Worksafe BC
- Federal benefits (CPP, Survivors benefits, CPP disability)
- Training or living allowance
- Grants/bursaries/scholarships  
(no tuition, books or grants under BC Student Assistance Program)
- Other investments, interest
- Spousal and/or child support received \$ \_\_\_\_\_/month
- Tips \$ \_\_\_\_\_/month
- Income from Dependent Adults \$ \_\_\_\_\_/month
- Income from room/board/suite \$ \_\_\_\_\_/month
- Income from rental \$ \_\_\_\_\_/month
- Other Income \_\_\_\_\_ \$ \_\_\_\_\_/month

**SECTION 4 DEPENDENT CHILDREN WHO REQUIRE CHILD CARE**

For new additions only, you are required to submit a photocopy of one (1) piece of government issued identification for your dependent adult/child (photo preferred) with this renewal form.

**NOTE: New Care Provider form is required for Care Provider information changes.**

DEPENDENT CHILD #1 REQUIRING CHILD CARE (Last, First and Middle)					BIRTH DATE (YYYY/MM/DD) <input type="checkbox"/> Male <input type="checkbox"/> Female	
Check all boxes that apply to this child						
<input type="checkbox"/> You receive Child in Home of Relative Assistance for this child (submit proof of CIHR payments)			<input type="checkbox"/> Child has Special Needs (submit Special Needs form)			
<input type="checkbox"/> Foster Child <input type="checkbox"/> Kith and Kin Child <input type="checkbox"/> Interim/Temporary Custody Order			<input type="checkbox"/> Ministry designated Young Parent Program child care space			
Does this child attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check <input type="checkbox"/> Kindergarten or <input type="checkbox"/> Grade 1 and up						
Time of Day and Days care required: (check all that apply)						
<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Weekend		Time from _____ to _____				
<input type="checkbox"/> Before School <input type="checkbox"/> After School		<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday		<input type="checkbox"/> Saturday <input type="checkbox"/> Sunday		
Care Provider (Complete a Care Provider form for each Care Provider)	Start Date (YYYY/MM/DD)	End Date (YYYY/MM/DD)	# of Hours/Day	# of Days/Week	# of Days/Month (max. 20)	

DEPENDENT CHILD #2 REQUIRING CHILD CARE (Last, First and Middle)					BIRTH DATE (YYYY/MM/DD) <input type="checkbox"/> Male <input type="checkbox"/> Female	
Check all boxes that apply to this child:						
<input type="checkbox"/> You receive Child in Home of Relative Assistance for this child (submit proof of CIHR payments)			<input type="checkbox"/> Child has Special Needs (submit Special Needs form)			
<input type="checkbox"/> Foster Child <input type="checkbox"/> Kith and Kin Child <input type="checkbox"/> Interim/Temporary Custody Order			<input type="checkbox"/> Ministry designated Young Parent Program child care space			
Does this child attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check <input type="checkbox"/> Kindergarten or <input type="checkbox"/> Grade 1 and up						
Time of Day and Days care required: (check all that apply)						
<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Weekend		Time from _____ to _____				
<input type="checkbox"/> Before School <input type="checkbox"/> After School		<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday		<input type="checkbox"/> Saturday <input type="checkbox"/> Sunday		
Care Provider (Complete a Care Provider form for each Care Provider)	Start Date (YYYY/MM/DD)	End Date (YYYY/MM/DD)	# of Hours/Day	# of Days/Week	# of Days/Month (max. 20)	

**SECTION 5 DEPENDENT ADULTS AND CHILDREN WHO DO NOT REQUIRE CHILD CARE**  
 (see definitions in *Child Care Subsidy brochure*)

DEPENDENT #1 NAME (Last, First and Middle)	SOCIAL INSURANCE NUMBER (adult only)	BIRTH DATE (YYYY/MM/DD) <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>NOTE: For new additions only, you are required to submit a photocopy of one (1) piece of government issued identification for your dependent adult/child (photo preferred) with this renewal form.</b>	Is this a <i>person with disabilities</i> ? Is this a <i>child with special needs</i> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

  

DEPENDENT #1 NAME (Last, First and Middle)	SOCIAL INSURANCE NUMBER (adult only)	BIRTH DATE (YYYY/MM/DD) <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>NOTE: For new additions only, you are required to submit a photocopy of one (1) piece of government issued identification for your dependent adult/child (photo preferred) with this renewal form.</b>	Is this a <i>person with disabilities</i> ? Is this a <i>child with special needs</i> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION 6 DECLARATION AND CONSENTS**

**Applicant:** I hereby apply for child care subsidy and confirm the information supplied by me is true and complete.

**I understand that:** I am required to promptly supply information to the Child Care Subsidy Program if there is a change to any of the information I have provided in this application. It is an offence under the *Child Care Subsidy Act* to supply false or misleading information. Subsidy may be paid from the first day of the month in which the application is completed, or the date child care begins, whichever is later. I am responsible for any child care fees prior to this date. Information contained in this document may be reviewed, audited and verified as provided by *Section 5* of the *Child Care Subsidy Act*.

I consent to the verification of information regarding myself or a child provided in this application, or any updated or subsequently provided information, with any person or source, for the purpose of determining or auditing my eligibility for subsidy.

Check the boxes, if you wish the following to apply:

- I consent to the disclosure of information to my spouse, as listed on this form, relating to this application or my eligibility for child care subsidy by the Child Care Subsidy Service Centre.
- I understand that, if I wish to withdraw consent for disclosure of information to my spouse, I may do so at any time by writing to the Child Care Subsidy Service Centre.

APPLICANT SIGNATURE	PRINT NAME	DATE SIGNED (YYYY/MM/DD)
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**Spouse Consent**

I consent to the verification of information provided by my spouse regarding myself in this application, or any updated or subsequently provided information, with any person or source, for the purpose of determining or auditing the applicant's eligibility for subsidy.

SPOUSE SIGNATURE	PRINT NAME	DATE SIGNED (YYYY/MM/DD)
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**Child Care Subsidy Service Centre Contact Information**  
 Toll Free 1-888-338-6622  
[http://www.mcf.gov.bc.ca/childcare/subsidy\\_promo.htm](http://www.mcf.gov.bc.ca/childcare/subsidy_promo.htm)  
 Toll Free Fax 1-877-544-0699

**Telephone Device for the Deaf**  
 In Vancouver 604-775-0303  
 Toll Free Elsewhere in BC 1-800-661-8773

**Mailing Address**  
 Child Care Subsidy Service Centre  
 PO Box 9953 Stn Prov Govt  
 Victoria BC V8W 9R3

All related forms mentioned within this application can be obtained at one of the following:  
[www.mcf.gov.bc.ca/childcare/application.htm](http://www.mcf.gov.bc.ca/childcare/application.htm)  
 OR the CCSSC at 1-888-338-6622  
 OR the Service BC Centres at 1-800-663-7867  
 OR your local Child Care Resource and Referral office