



APPLICATION FOR CHILD CARE SUBSIDY

Internal Use Only File # _____

This application must be submitted no later than the last day of the month for which the subsidy is required (e.g. It must be submitted no later than May 30 if you require the subsidy for the month of May). It is ideally submitted 6 to 8 weeks before the subsidy is required.

If at any time you have questions regarding the application, please call us at 667-3492 or 1-800-661-0408 extension 3492 (or email childcare@gov.yk.ca). If your application is missing information, it can cause delay in receiving the subsidy.

When completed, please:

Mail the application:

Child Care Services, Health and Social Services (H-12)
Government of Yukon
Box 2703
Whitehorse, Yukon Y1A 2C6

Drop off the application:

Child Care Services
9010 Quartz Road
Whitehorse, Yukon

If completed online, please print and sign this application and drop off or mail to Child Care Services along with all necessary documentation. We cannot accept scanned/emailed versions of the application form, as we must receive original signatures. Some supporting documentation can be emailed if necessary.

PARENT/GUARDIAN INFORMATION (APPLICANT)

Have you ever applied for Child Care Subsidy in Yukon before? Yes No

Last Name	First Name	Date of Birth YYYY / MM / DD
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Phone Number	Email
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Mailing Address	City/Town	Postal Code
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Physical Address <i>(if different than above)</i>	City/Town	Postal Code
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Please indicate the days you are the primary caregiver for your child(ren) *(example: every day, every second week)*

FAMILY SITUATION/INFORMATION

Please indicate if you are: Married Common-law

Has the spouse or common-law partner ever applied for Child Care Subsidy in Yukon before? Yes No

If you are married or common-law, that person will be considered the Co-Applicant, and must complete page 3 of this form.

Co-applicant Last Name	Co-applicant First Name	Date of Birth YYYY / MM / DD
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If you are not married or common-law, please indicate if you are: Single Separated Divorced Widowed

If you ticked one of the 4 boxes above, you must fill out an affidavit* with this application and again every year, indicating that you are still single/separated. Available at www.hss.gov.yk.ca/childcaresubsidy.php or from Child Care Services.

* Original affidavit form must be submitted - no photocopies or scanned versions will be accepted.

REASON FOR CHILD CARE

Please tick the heading that refers to your situation. You may tick more than one section (example: You may be going to school and working part-time, or you may be at home full-time but yourself or your child(ren) require special supports). **If you don't have full custody, please fill out the information below based on the time you have custody/care for your child.**

PARENT/GUARDIAN (APPLICANT)

Working	Full-time Part-time Typical days of week worked (check all that apply) <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S			
	<table border="1"> <tr> <td>Place of Work</td> <td>Work Phone Number</td> <td>Start Date YYYY / MM / DD</td> </tr> </table>	Place of Work	Work Phone Number	Start Date YYYY / MM / DD
	Place of Work	Work Phone Number	Start Date YYYY / MM / DD	
<p>You must include all of the following supporting documents that apply.</p> <p>Two most recent pay slips <u>OR</u> Verification of Income by Employer Form (if you have just started work and do not yet have two pay slips). Available at www.hss.gov.yk.ca/childcaresubsidy.php or from Child Care Services.</p> <p>Confirmation of amount of financial aid from Income Support/Social Assistance</p> <p>If self-employed:</p> <p>Self-Employed Financial Information Form Available at www.hss.gov.yk.ca/childcaresubsidy.php or from Child Care Services <u>AND</u> Revenue Canada "Notice of Assessment" for previous year</p>				
Looking For Work	<p>You must include all of the following supporting documents that apply.</p> <p>Employment Insurance (EI) benefit statement</p> <p>Job Search Record Form Available at www.hss.gov.yk.ca/childcaresubsidy.php or from Child Care Services.</p> <p>Confirmation of amount of financial aid from Income Support/Social Assistance</p>			
Obtaining Education (school/college/training)	Full-time Part-time Days of week at school (check all that apply) <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S			
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	Name of Institute	Institute Phone Number	Start Date YYYY / MM / DD	
<p>You must include all of the following supporting documents that apply.</p> <p>Verification of enrollment AND course schedule from learning institute</p> <p>Verification of training allowance</p> <p>Confirmation of amount of financial aid from Income Support/Social Assistance</p>				
Special Circumstances (respite care, health professional recommendation, etc.)	<p>You must include all of the following supporting documents that apply.</p> <p>Special Needs Application Form Available at www.hss.gov.yk.ca/childcaresubsidy.php or from Child Care Services.</p> <p>Individual Program Plan (IPP) – most often provided by the Child Development Centre or Department of Education</p>			
Other If applicable, the following information must also be provided.	Maintenance or child support: Receiving \$ _____ per month bi-weekly other _____ Paying \$ _____ per month bi-weekly other _____			
	Other income (insurance, pension) \$ _____ per month bi-weekly other _____			
	Deductions (contributing to RRSPs if you don't have a pension plan, tuition expenses.) \$ _____ Provide appropriate supporting documentation.			
	Any other income you receive. Indicate what for _____ Amount \$ _____			

CO-APPLICANT

Only to be filled out by spouse/common-law partner. If this does not apply to your family situation, skip this section and move to INFORMATION ON CHILD(REN) REQUIRING CARE located at the back of this form.

Working	Full-time Part-time Typical days of week worked (<i>check all that apply</i>)		<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> T	<input type="checkbox"/> F	<input type="checkbox"/> S	
	Place of Work				Work Phone Number			Start Date YYYY / MM / DD		
	<p>You must include all of the following supporting documents that apply.</p> <p>Two most recent pay slips <u>OR</u> Verification of Income by Employer Form (if you have just started work and do not yet have two pay slips). Available at www.hss.gov.yk.ca/childcaresubsidy.php or from Child Care Services.</p> <p>Confirmation of amount of financial aid from Income Support/Social Assistance</p> <p>If self-employed: Self-Employed Financial Information Form Available at www.hss.gov.yk.ca/childcaresubsidy.php or from Child Care Services <u>AND</u> Revenue Canada "Notice of Assessment" for previous year</p>									
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Obtaining Education (school/college/training)	Full-time Part-time Days of week at school (<i>check all that apply</i>)		<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> T	<input type="checkbox"/> F	<input type="checkbox"/> S	
	Name of Institute				Institute Phone Number			Start Date YYYY / MM / DD		
	<p>You must include all of the following supporting documents that apply.</p> <p>Verification of enrollment AND course schedule from learning institute</p> <p>Verification of training allowance</p> <p>Confirmation of amount of financial aid from Income Support/Social Assistance</p>									
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Other If applicable, the following information must also be provided.	Maintenance or child support:									
	Receiving		\$ _____	per month	bi-weekly	other	_____			
	Paying		\$ _____	per month	bi-weekly	other	_____			
	Other income (insurance, pension)									
		\$ _____	per month	bi-weekly	other	_____				
Deductions (contributing to RRSPs if you don't have a pension plan, tuition expenses.)										
		\$ _____	Provide appropriate supporting documentation.							
Any other income you receive. Indicate what for _____ Amount \$ _____										

INFORMATION ON CHILD(REN) REQUIRING CARE**NEWBORN TO PRESCHOOL AGE**

LAST NAME	FIRST NAME	BIRTHDATE	CHILD CARE FACILITY	# HOURS PER DAY CHILD IS ATTENDING	# DAYS PER WEEK CHILD IS ATTENDING
		YYYY / MM / DD			
		YYYY / MM / DD			
		YYYY / MM / DD			
		YYYY / MM / DD			

ATTENDING KINDERGARTEN

LAST NAME	FIRST NAME	BIRTHDATE	CHILD CARE FACILITY	# HOURS PER DAY CHILD IS ATTENDING	# DAYS PER WEEK CHILD IS ATTENDING
		YYYY / MM / DD			
		YYYY / MM / DD			

SCHOOL-AGE

LAST NAME	FIRST NAME	BIRTHDATE	CHILD CARE FACILITY	# HOURS PER DAY CHILD IS ATTENDING	# DAYS PER WEEK CHILD IS ATTENDING
		YYYY / MM / DD			
		YYYY / MM / DD			
		YYYY / MM / DD			
		YYYY / MM / DD			

What is the total number of children living in your household that are age 18 or under? _____

Please provide any additional comments that you feel are applicable to your application:

DECLARATION OF APPLICATION

I/We hereby declare that to the best of my/our knowledge and belief the above information is true and I/we give permission to the Department of Health and Social Services to verify the above information in any way necessary. I/We further understand that the provision of false or misleading information in this application may result in legal prosecution and/or being disqualified from receiving any benefits under the Child Care Subsidy Program, including being barred from any further participation in the Program.

Information contained in this form is collected, used and disclosed in accordance with Yukon's Health Information Privacy and Management Act and other applicable laws. A written statement of Health and Social Services information practices can viewed at www.hss.gov.yk.ca/healthprivacy.php or by contacting the department's Privacy Officer at healthprivacy@gov.yk.ca

Signature of Applicant	Date YYYY / MM / DD
Signature of Co-applicant (if applicable)	Date YYYY / MM / DD
Witness	Date YYYY / MM / DD

The signature(s) above must be witnessed by an individual over the age of 18. The date of the witness signature must be the same date as the signature(s) above.