

What is Child Care Fee Subsidy?

Child care fee subsidy is a program that helps qualifying families cover the cost of licensed child care for children up to the age of 12.

Who can apply for Child Care Fee Subsidy?

To apply for child care fee subsidy, you must be:

- 1) Living in the County of Dufferin
- 2) A Canadian Citizen, Landed Immigrant or Refugee with a valid work permit or school authorization
- 3) The parent or legal guardian of a child up to 12 years of age
- 4) Residing with the child(ren)

Working Parents:

You can apply if you are working full-time or part-time. Care will be approved for scheduled days of employment. To verify Employment, you will be required to provide consecutive pay stubs and/or a letter from your employer on company Letter head.

Self-Employed Parents:

You are considered self-employed if you are actively conducting a full-time self-employment activity and you claim business expenses against your income. If you are self-employed, please contact the Community Services office to request a self-employment application package.

Student Parents:

You must be attending a recognized school or training program on a full-time or part-time basis. Care will be approved based on your school schedule each semester. To verify participation, you will be required to provide current verification of enrollment and your current timetable.

Special/Exceptional Needs:

Applicants requesting child care fee subsidy for special/exceptional needs will need to have a Child Care Fee Subsidy Recognized Needs Referral Form completed by a recognized community partner, such as a medical professional, Community Living Dufferin, Dufferin Child & Family Services, or Wellington-Dufferin-Guelph Public Health. Please contact the Community Services office to request a Child Care Fee Subsidy Referral Form.

Ontario Works

If you are participating in the Ontario Works Program and require child care, please contact your Ontario Works Case Worker.

How to apply for Child Care Fee Subsidy

Complete all sections of this form and submit it to the Community Services office with copies of the following documents:

- 1) Identification for Parents/Guardians (Canadian Passport or Canadian Birth Certificate or Green Ontario Health Card or Permanent Resident Card)
- 2) Identification for Children (Canadian Passport or Canadian Birth Certificate or Green Ontario Health Card or Permanent Resident Card)
- 3) Federal Income Tax Notice of Assessment (most recent tax year)
- 4) Canada Child Benefit Notice of Assessment (most recent tax year)
- 5) Verification of Address (one of the following: mortgage statement, property tax bill, rent receipt or utility bill)

Please note:

Applications cannot be processed without a copy of your federal income tax notice of assessment or your Canada child benefit notice of assessment. If you need to order a replacement copy of these documents, please contact Revenue Canada at 1-800-387-1193 for Canada Child Benefit notice of assessment and 1-800-959-8281 for federal income tax notice of assessment.

Please submit all information to:

County of Dufferin Community Services
30 Centre Street, Orangeville ON L9W 2X1
Fax: 519-941-0271
Email: childcarefeesubsidy@dufferincounty.ca

When your documents have been received, you will be contacted by our office via telephone. If your family meets the initial criteria for child care fee subsidy, a Community Services Worker will schedule an office verification appointment with you. You may be required to bring additional information with you to your appointment. Appointments will be scheduled during our office hours of 8:30am - 4:30pm Monday - Friday. While every effort will be made to accommodate your schedule, it may be necessary for you to take time off work to attend.

Notice with Respect to the Collection of Personal Information

The personal information collected on this form is collected under the authority of the Child Care & Early Years Act, 2014, and will be used for the purpose of determining eligibility for child care fee subsidy in the County of Dufferin. Specific questions relating to the Municipal Freedom of Information and Privacy Protection Act should be addressed to the County of Dufferin Clerk at 519-941-2816 ext. 2504

1) Parent/Guardian Information (Applicant 1)

First Name _____ Last Name _____ Date of Birth _____

Street Address _____ City/Town _____ Postal Code _____

Phone _____ Email _____

Marital Status (Check one) If you have selected Common Law or Married, please complete section for Applicant 2 below.

Single
 Separated
 Common Law
 Married
 Widowed

2) Parent/Guardian Information (Applicant 2)

First Name _____ Last Name _____ Date of Birth _____

Street Address _____ City/Town _____ Postal Code _____

Phone _____ Email _____

3) Are there any other adults living in the home? Yes No

Name _____ Relationship To Applicant(s) _____

Name _____ Relationship To Applicant(s) _____

4) Reason for Applying for Child Care Fee Subsidy - Check all that apply:

Applicant 1:

Working Full Time (Mon – Fri)
 Working Part Time
 Self-Employed
 Attending School Full Time
 Attending School Part Time
 Recognized Needs Referral

Name of Employer, School, or Referring Agency: _____

Applicant 2:

Working Full Time (Mon – Fri)
 Working Part Time
 Self-Employed
 Attending School Full Time
 Attending School Part Time
 Recognized Needs Referral

Name of Employer, School, or Referring Agency: _____

5) Child(ren) Requiring Child Care

First Name _____ Last Name _____ Date of Birth _____

First Name _____ Last Name _____ Date of Birth _____

First Name _____ Last Name _____ Date of Birth _____

Your Completed Application Must Include Copies of:

- Identification for Adults & Children
- Verification of Address
- Federal Income Tax Notice of Assessment
- Canada Child Benefit Notice of Assessment

Client Declaration: All of the information on this application is true to the best of my/our knowledge. I/we will inform the County of Dufferin Community Services office immediately of any changes in circumstances such as, but not limited to change in marital status, employment, school enrollment or contact information.

Signature Applicant 1 _____

Signature Applicant 2 _____

Date _____

Office Stamp

