



# APPLICATION FOR CHILD CARE USER SUBSIDY

If you have any questions regarding this form, please contact your local Client Services Officer. ALL INFORMATION MUST BE COMPLETE IN ORDER TO AVOID DELAYS.

## 1 BENEFITS

Will you be receiving benefits from the NWT Student Financial Assistance Program during the current/upcoming academic year?  Yes  No

## 2 APPLICANT INFORMATION

Last Name		First Name	
Middle Name(s)		Previous Last Name(s)	
Mailing Address			
Street Address			
City/Community		Territory/Province	Postal Code
Telephone (Home) ( )		Email Address	
Social Insurance Number / /	Health Care Number	Marital Status <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Common Law	Date of Birth - YY/MM/DD / /

## 3 SPOUSE INFORMATION

Last Name		First Name and Initial(s)	
Mailing Address			
City/Community		Territory/Province	Postal Code
Social Insurance Number / /	Health Care Number	Date of Birth - YY/MM/DD / /	

## 4 EMPLOYMENT, TRAINING OR EDUCATION ACTIVITY OF SPOUSE

Education / Training / Employment <input type="radio"/> Education <input type="radio"/> Training <input type="radio"/> Employment		Start Date for Education / Training - YY/MM/DD / /	End Date for Education / Training - YY/MM/DD / /
Name of School		Name of Course	
Name of Employer		Telephone (Work) ( )	
Address of Employer			
Employment Type <input type="radio"/> Full-time <input type="radio"/> Part-time <input type="radio"/> Casual <input type="radio"/> Other (Specify): _____		Days/Week	Hours/Day

## 5 REASON CHILD CARE SERVICES REQUIRED

Education / Training / Employment <input type="radio"/> Education <input type="radio"/> Training <input type="radio"/> Employment		Start Date for Education / Training - YY/MM/DD / /	End Date for Education / Training - YY/MM/DD / /
Name of School		Name of Course	
Name of Employer		Telephone (Work) ( )	
Address of Employer			
Employment Type <input type="radio"/> Full-time <input type="radio"/> Part-time <input type="radio"/> Casual <input type="radio"/> Other (Specify): _____		Days/Week	Hours/Day
Professional Referral <input type="radio"/> Yes <input type="radio"/> No	Referral Attached <input type="radio"/> Yes <input type="radio"/> No	Referred By	

All sections are mandatory - Place a dash or line through boxes that do not apply to you.

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## 6 DEPENDANT INFORMATION

Name (Last/First)		Health Care Number	Social Insurance Number / /	Type of Care Required <input type="radio"/> Full Time (30hrs / week or more)
Date of Birth -YY/MM/DD / /	Gender <input type="radio"/> Female <input type="radio"/> Male	Relationship to you? <input type="radio"/> Son <input type="radio"/> Daughter <input type="radio"/> Other: _____		<input type="radio"/> Part Time (5hrs / day or less)
Date Child Care Started - YY/MM/DD / /	Cost per day: \$ _____ Cost per month: \$ _____	Child Care Provider: <input type="radio"/> Licensed <input type="radio"/> Unlicensed Name: _____		<input type="radio"/> After School <input type="radio"/> Other _____
Name (Last/First)		Health Care Number	Social Insurance Number / /	Type of Care Required <input type="radio"/> Full Time (30hrs / week or more)
Date of Birth -YY/MM/DD / /	Gender <input type="radio"/> Female <input type="radio"/> Male	Relationship to you? <input type="radio"/> Son <input type="radio"/> Daughter <input type="radio"/> Other: _____		<input type="radio"/> Part Time (5hrs / day or less)
Date Child Care Started - YY/MM/DD / /	Cost per day: \$ _____ Cost per month: \$ _____	Child Care Provider: <input type="radio"/> Licensed <input type="radio"/> Unlicensed Name: _____		<input type="radio"/> After School <input type="radio"/> Other _____
Name (Last/First)		Health Care Number	Social Insurance Number / /	Type of Care Required <input type="radio"/> Full Time (30hrs / week or more)
Date of Birth -YY/MM/DD / /	Gender <input type="radio"/> Female <input type="radio"/> Male	Relationship to you? <input type="radio"/> Son <input type="radio"/> Daughter <input type="radio"/> Other: _____		<input type="radio"/> Part Time (5hrs / day or less)
Date Child Care Started - YY/MM/DD / /	Cost per day: \$ _____ Cost per month: \$ _____	Child Care Provider: <input type="radio"/> Licensed <input type="radio"/> Unlicensed Name: _____		<input type="radio"/> After School <input type="radio"/> Other _____
Name (Last/First)		Health Care Number	Social Insurance Number / /	Type of Care Required <input type="radio"/> Full Time (30hrs / week or more)
Date of Birth -YY/MM/DD / /	Gender <input type="radio"/> Female <input type="radio"/> Male	Relationship to you? <input type="radio"/> Son <input type="radio"/> Daughter <input type="radio"/> Other: _____		<input type="radio"/> Part Time (5hrs / day or less)
Date Child Care Started - YY/MM/DD / /	Cost per day: \$ _____ Cost per month: \$ _____	Child Care Provider: <input type="radio"/> Licensed <input type="radio"/> Unlicensed Name: _____		<input type="radio"/> After School <input type="radio"/> Other _____
Name (Last/First)		Health Care Number	Social Insurance Number / /	Type of Care Required <input type="radio"/> Full Time (30hrs / week or more)
Date of Birth -YY/MM/DD / /	Gender <input type="radio"/> Female <input type="radio"/> Male	Relationship to you? <input type="radio"/> Son <input type="radio"/> Daughter <input type="radio"/> Other: _____		<input type="radio"/> Part Time (5hrs / day or less)
Date Child Care Started - YY/MM/DD / /	Cost per day: \$ _____ Cost per month: \$ _____	Child Care Provider: <input type="radio"/> Licensed <input type="radio"/> Unlicensed Name: _____		<input type="radio"/> After School <input type="radio"/> Other _____

If you have more dependants, please use a separate sheet of paper and provide all the above information.

## 7 EXPENSES Do not complete if SFA is the only income for your household.

Do You Pay? <input type="radio"/> Rent <input type="radio"/> Mortgage (We will require a copy of your rental or mortgage agreement.)	Monthly Rent or Mortgage \$	Utilities Included <input type="radio"/> Yes <input type="radio"/> No
Monthly Utility Costs <input type="radio"/> Power \$ _____ <input type="radio"/> Water \$ _____ <input type="radio"/> Heat \$ _____ (Include copies of the bills.)		
Name of Landlord or Bank		

## 8 EARNED INCOME

Declare all income that you have received in the past month. Income is defined as follows:	<input type="radio"/> Previous Calendar Month <input type="radio"/> Last 30 Days	Amount (Applicant)	Amount (Spouse)	Amount (Other Household Members)
1. Salary or wages paid to you or your dependants by any employer, this includes severance pay		\$	\$	\$
2. Hunting, trapping, fishing		\$	\$	\$
3. Self-employment		\$	\$	\$
4. Honorariums		\$	\$	\$
5. Living allowance for training		\$	\$	\$
6. Fellowships, bursaries and/or scholarships		\$	\$	\$
7. Sale of artwork (paintings, carvings and/or handicrafts)		\$	\$	\$
8. Child care services (ie. babysitting)		\$	\$	\$
9. Other - Specify:		\$	\$	\$
10.		\$	\$	\$
11.		\$	\$	\$
12.		\$	\$	\$

## 9 UNEARNED INCOME

Declare all income that you have received in the past month. Income is defined as follows:	<input type="radio"/> Previous Calendar Month	Amount (Applicant)	Amount (Spouse)	Amount (Other Household Members)
	<input type="radio"/> Last 30 Days			
1. Mortgage or rental property		\$	\$	\$
2. Boarders and/or renters		\$	\$	\$
3. Government pensions: CPP, OAS, TS/GIS, Disability, Retirement, Survivor's Benefits (widows and orphans), Private Pensions, etc.		\$	\$	\$
4. Pension payments from another country		\$	\$	\$
5. Employment Insurance or Workers' Compensation		\$	\$	\$
6. Maintenance payments and/or alimony		\$	\$	\$
7. Training allowances		\$	\$	\$
8. Student Financial Assistance		\$	\$	\$
9. Gambling (bingo, card games, lottery winnings, etc)		\$	\$	\$
10. Gifts and gratuities		\$	\$	\$
11. Tax returns		\$	\$	\$
12. Moneys held in trust for a child		\$	\$	\$
13. Insurance policies and/or trust funds/inheritance		\$	\$	\$
14. Child Tax Benefit		\$	\$	\$
15. Universal Child Care Benefits		\$	\$	\$
16. Foster parent payments		\$	\$	\$
17. RRSP, Canada Savings Bonds and/or other investments		\$	\$	\$
18. Transportation (airline/bus tickets)		\$	\$	\$
19. Sale of personal assets, including property		\$	\$	\$
20. Other - Specify:		\$	\$	\$
21.		\$	\$	\$
22.		\$	\$	\$
23.		\$	\$	\$
24.		\$	\$	\$

## 10 EXCLUDED INCOME

Declare all income that you have received in the past month. Income is defined as follows:	<input type="radio"/> Previous Calendar Month	Amount (Applicant)	Amount (Spouse)	Amount (Other Household Members)
	<input type="radio"/> Last 30 Days			
1. National Child Benefit Subsidy		\$	\$	\$
2. Contributions for special care for a(n) adult/child		\$	\$	\$
3. Other - Specify:		\$	\$	\$
4.		\$	\$	\$
5.		\$	\$	\$
6.		\$	\$	\$
7.		\$	\$	\$

All sections are mandatory - Place a dash or line through boxes that do not apply to you.



## 14 STATEMENT OF AUTHORIZATION Child Care User Subsidy

This information is being collected under the authority of the *Access to Information and Protection of Privacy (ATIPP) Act*, Section 41.(1)(g) and the *Northwest Territories Social Assistance Act* and the *Child Care User Subsidy Regulations*. The information will be used to determine my initial and continued eligibility for child care user subsidy and for the general administration and enforcement of this program. The privacy provisions of the *ATIPP Act* protect my personal information.

Personal information is defined under the *ATIPP Act*, Section 2. All applicants have the right to examine and request correction of his or her records and to request a review by the Information and Privacy Commissioner. If you have any questions about the collection of information, you may contact the Regional Manager or Regional Superintendent in your area.

### Part A - Applicant (Mandatory)

**1. I declare that:**

- a. I am applying for a child care user subsidy.
- b. The information given in this application and any further applicable forms and documents are true.
- c. I will immediately notify the Client Services Officer if my personal or family information changes.
- d. I have read, or had someone read and /or translate, this Statement of Authorization to me and have asked the Client Services Officer to clarify anything that I do not understand.

**2. I agree to:**

- a. Follow the terms and conditions of any documents that I have signed.
- b. Provide information or documents to verify my initial and continued eligibility for child care user subsidy benefits within seven (7) working days of the Client Services Officer's request of this information.

**3. I understand that:**

- a. The income that I receive from any source must be reported immediately to the Client Services Officer, and this income may affect the child care user subsidy benefits that I, and/or the members of my family are entitled to.
- b. False or misleading statements, and/or failure to disclose changes to my personal circumstances, may result in the Government of the Northwest Territories, Department of Education, Culture and Employment, demanding the immediate repayment of benefits received, future benefits being denied, and/or criminal prosecution against myself and/or those in my family.
- c. My personal information may be released to the Government of the Northwest Territories' Maintenance Enforcement Program.
- d. The Client Services Officer will share/exchange my personal information with the Northwest Territories Student Financial Assistance Program, for the purposes of confirming benefit entitlement, if necessary.
- e. My personal information will be exchanged with other Education, Culture and Employment programs for the management of those programs.
- f. My basic personal information will be listed in a client registry list.
- g. An Income Security Program Official will contact other agencies to verify the accuracy of information I have provided as part of determining my eligibility for child care user subsidy benefits. These agencies may include the following: Government of the Northwest Territories departments (such as Transportation or Justice); Workers' Compensation Board; other provincial, territorial, municipal governments; federal government departments (such as Canada Citizenship and Immigration, Human Resources Development Canada (Record of Employment and Employment Insurance, or Parental and Maternity Benefits)), child care providers, postsecondary institutions, Aboriginal agencies; landlords; financial institutions; credit agencies; insurance companies; and employers.
- h. I can request an appeal to the Regional Manager or Administrative Review Group if I believe the decision is contrary to the *Social Assistance Act* or the Child Care User Subsidy Policy Manual, and I can ask the Client Services Officer to guide me through the appeal process and help me complete the required appeal forms.
- i. This Statement of Authorization is valid for one-year (twelve continuous months) from the signed date below or until the child care user subsidy benefits myself and/or my family receives is discontinued for one full calendar month or more or unless I withdraw my consent. This Statement of Authorization must be resigned every year (twelve continuous months) or when child care user subsidy benefits are discontinued for one calendar month or more.

- 4. I consent to the release of:** my personal information to the Income Security Programs, by those agencies listed in 3.e and 3.g above, to verify any personal information required to determine my initial and continued eligibility for child care user subsidy as provided by the Income Security Programs, Education, Culture and Employment, Government of the Northwest Territories.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Applicant's Signature (Mandatory)	Date - YY/MM/DD
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Witness's Signature (Mandatory)	Date - YY/MM/DD

### Part B - Spouse of Applicant (Mandatory)

- 5. As the applicant's spouse,** I consent to the release of my personal information to the Income Security Programs by those agencies in section 3.e and 3.g above for the purposes of determining mine, my spouse and/or my family's initial and continued eligibility for child care user subsidy benefits.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Spouse's Signature (Mandatory)	Date - YY/MM/DD
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Witness's Signature (Mandatory)	Date - YY/MM/DD

### Part C - Canada Revenue Agency (Optional)

- 6. I consent to the release,** by the Canada Revenue Agency, to an official of Government of the Northwest Territories' Income Security Programs, of information from my income tax returns, and, if applicable, other required taxpayer information about me, whether supplied by me or by a third party. The information will be relevant to, and used solely for the purpose of determining and verifying my/our eligibility, entitlement for and the general administration and enforcement of Income Security Programs under the *Social Assistance Act*, Child Care User Subsidy Policy Manual and the *ATTIP Act*, and will not be disclosed to any other person or organization without my approval.

This authorization is valid for the child care user subsidy program for the three taxation years prior to the year of signature, and the most recently available tax information, the current taxation year, and each subsequent consecutive taxation year, for, which assistance is requested by me or on my behalf. Further, I understand that, if I wish to withdraw this consent, I may do so at any time by writing to the Regional Manager or Regional Superintendent in my area.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Applicant's Signature	Social Insurance Number	Date - YY/MM/DD
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Spouse's Signature	Social Insurance Number	Date - YY/MM/DD

All sections are mandatory - Place a dash or line through boxes that do not apply to you.