



REQUEST TO CONTINUE CHILD CARE USER SUBSIDY

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

APPLICANT INFORMATION

Last Name		First Name	
Social Insurance Number / /	Date of Birth - YY/MM/DD / /	E-mail Address	

Are there any changes in your personal information since you applied at the start of this academic year?

1. Permanent Mailing Address	<input type="radio"/> No <input type="radio"/> Yes	New Mailing Address: _____ _____
2. Marital Status	<input type="radio"/> No <input type="radio"/> Yes	New Marital Status:
3. Spouse	<input type="radio"/> No <input type="radio"/> Yes	If yes, fill out Section 3 - Spouse Information of the Application for Child Care User Subsidy and attach to form.
4. Dependant(s)	<input type="radio"/> No <input type="radio"/> Yes	If yes, fill out Section 6 - Dependant Information of the Application for Child Care User Subsidy and attach to form.
5. Institution and Programs	<input type="radio"/> No <input type="radio"/> Yes	New Institution and/or Programs: _____ _____
6. Income	<input type="radio"/> No <input type="radio"/> Yes	If yes, fill out Sections 8, 9, 10, 11 and 12 of the Application for Child Care User Subsidy and attach to form.
7. Expenses	<input type="radio"/> No <input type="radio"/> Yes	If yes, fill out Section 7 - Expenses of the Application for Child Care User Subsidy and attach to form.

DECLARATION

I (we) certify that the information contained in this request to continue Child Care User Subsidy is correct and complete to the best of my (our) knowledge. I (we) understand that this form is valid only for one semester at a time and that the amount of subsidy may change with a change in circumstances.

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

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 (NT) Social Assistance Act and Regulations*. The privacy provisions of the *ATIPP Act* protect my information, and 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, contact the Department of Education, Culture and Employment, Box 1320, Yellowknife, NT X1A 2L9 or call 1-866-973-7252 or 867-920-8921.

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