

THE CORPORATION OF THE CITY OF LONDON

Ian Gibb, Program Manager  
Children's Services  
Department of Community Services  
P. O. Box 5045,  
151 Dundas Street 4<sup>th</sup> Floor  
London, ON N6A 4L6



Telephone: (519) 661-4834  
Fax: (519) 661-5821  
EMAIL: [childcare@london.ca](mailto:childcare@london.ca)

CHILDREN'S SERVICES CHILD CARE SUBSIDY

Dear Applicant:

Thank you for applying for Child Care Subsidy. Your application will be date stamped the day it is received in the Child Care Subsidy office. If eligible and funding is available, your child will be approved for Child Care Subsidy in a licensed Child Care setting or an approved recreation program of your choice. If funding is not available, the name of each eligible child will be kept on a waitlist for Child Care Subsidy. For more information, please see the Children's Services web site at [www.london.ca/childcare](http://www.london.ca/childcare). If you have any questions or if you need assistance, please call 519-661-4834 between the hours of 8:30 am and 4:30 pm, Monday to Friday. Thank you.

**INFORMATION YOU MUST SUBMIT WITH YOUR COMPLETED APPLICATION**

Please Note: All applicants **must** file income tax returns for the **previous** year **before** applying for Child Care Subsidy. For example, you must have filed your 2009 taxes to be eligible in 2010.

**1 - INCOME INFORMATION**

You must provide **one** of the following to verify your income level:

- Most recent Notice of Assessment (NOA) from Revenue Canada for applicant and spouse (if applicable)
- Most recent Annual Canada Child Tax Benefit (CCTB) statement showing Family Income
- Statement of current Ontario Works or current ODSP Income

***If you do not have this information and need a replacement please contact  
Revenue Canada at 1-800-959-8281 (NOA) or at 1-800-387-1193 (CCTB)***

**2 - APPLICANT & CHILD INFORMATION**

You must provide **one** of the following to verify the legal name and date of birth of ALL members of the family:

- Birth Certificate
- Ontario Health Card
- Passport, Citizenship or Immigration documents as verification of Canadian Citizenship, Permanent Resident or Landed Immigrant Status
- Legal Custody / Separation Agreement / Guardianship documents

**3 - PROOF OF LONDON ADDRESS**

You must provide **one** of the following with your current address:

- Your most recent Utility Bill such as cable, hydro, gas
- Your most recent Lease or Rental Agreement
- Valid Driver's License

**4 - PROOF OF NEED FOR CHILD CARE**

You must provide **one** of the following to show your need for child care (for each Applicant):

- **Student/Training:** School timetable and confirmation of your registration in school showing start and end dates. Please include type of funding if applicable (EI, OSAP)
- **Employed:** Two most recent pay stubs *OR* a letter from your employer on company letterhead that shows your place of employment, your hours and days of work
- **Self Employed:** Income Expense Statement or Business License and business card
- **Maternity or Parental Leave:** Letter from your employer stating your return to work date
- **Special Needs and/or Referrals:** A referral letter from your medical doctor, community agency or other professional about you or your child's need for child care

***Photocopies of items 1 - 4 MUST BE ATTACHED to your completed application***

APPLICANT						
Last Name	First Name	Date of Birth	DD/MM/YYYY	Gender	M/F	
Address	City	Postal Code	Home Phone	Alternate Phone		
Email Address: Note: I prefer that Children's Services contact me or reply to my inquiries by email and I understand that the internet is not a secure method of communication and may contain my confidential information. <input type="checkbox"/> Yes <input type="checkbox"/> No						
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Common Law <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed						
Citizenship: <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Work/ Student visa						
Proof of need for Child Care: <input type="checkbox"/> Leaving OW/ODSP to employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Leaving OW/ODSP to education <input type="checkbox"/> Employed/Self-Employed <input type="checkbox"/> Special Needs/Referral <input type="checkbox"/> Education/Training <input type="checkbox"/> Maternity/Parental Leave						
APPLICANT 2 (IF APPLICABLE)						
Last Name	First Name	Date of Birth	DD/MM/YYYY	Gender	M/F	
Proof of need for Child Care: <input type="checkbox"/> Leaving OW/ODSP to employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Leaving OW/ODSP to education <input type="checkbox"/> Employed/Self-Employed <input type="checkbox"/> Special Needs/Referral <input type="checkbox"/> Education/Training <input type="checkbox"/> Maternity/Parental Leave						
CHILD(REN) REQUIRING CHILD CARE						
Last Name	First Name	DOB	DD/MM/YYYY	Gender	M/F	Child Care Centre School/Grade
Last Name	First Name	DOB	DD/MM/YYYY	Gender	M/F	Child Care Centre School/Grade
Last Name	First Name	DOB	DD/MM/YYYY	Gender	M/F	Child Care Centre School/Grade
Last Name	First Name	DOB	DD/MM/YYYY	Gender	M/F	Child Care Centre School/Grade
OTHER CHILDREN IN THE FAMILY 13 TO 19 YEARS OF AGE						
Last Name	First Name	DOB	DD/MM/YYYY	Gender	M/F	School/Grade
Last Name	First Name	DOB	DD/MM/YYYY	Gender	M/F	School/Grade
CHILD CARE INFORMATION						
Date Child Care was already started or is going to be required (DD/MM/YYYY):						
What type of care do you require (check all that apply)? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Before/After School <input type="checkbox"/> March Break <input type="checkbox"/> Winter Break <input type="checkbox"/> Summer <input type="checkbox"/> PD Days						
Do you or your children have special needs expenses that are not reimbursed by insurance or government program? (As shown on line 215, 330 or 331 on your income tax). <input type="checkbox"/> Yes <input type="checkbox"/> No * If Yes, please provide receipts						
REVENUE CANADA INCOME INFORMATION						
<b>Net Income as shown on line 236 of your Revenue Canada's NOTICE OF ASSESSMENT for the most recent year</b>						
Applicant's line 236 Net Income or CCTB Family Income:				Year:		
Applicant's 2 (if applicable) line 236 Net Income or CCTB Family Income:				Year:		
All of the information on this application is true to the best of my/our knowledge and belief. I/we will inform The Corporation of the City of London, Department of Community Services, Children's Services immediately of any changes in my/our circumstances, such as changes in marital status, employment, school, training, child care centres, and/or any other changes in my/our situation.						
Signature of Applicant		Date Signed DD/MM/YYYY		Signature of Applicant 2		Date Signed DD/MM/YYYY
PLEASE RETURN COMPLETED APPLICATION TO:						
CHILDREN'S SERVICES 151 DUNDAS STREET, 4 <sup>TH</sup> FLOOR PO BOX 5045 LONDON ON N6A 4L6				Monday to Friday 8:30 am – 4:30 pm TELEPHONE: (519) 661-4834 FAX: (519) 661-5821 EMAIL: <a href="mailto:childcare@london.ca">childcare@london.ca</a>		

All submitted documents will be retained by the Corporation of the City of London for a period of not less than nine (9) years.  
 Notice of Collection of Personal Information. The personal information collected on this form is collected under the authority of the Day Nurseries Act and will be used to determine eligibility for Child Care Subsidy. Questions about this collection of personal information may be directed to Children's Services as noted above.  
 Revised: January 2012