APPLICATION FOR

Childcare Subsidy

Department of Education

Nunavut

DATE APPLICATION RECEIVED
FOR OFFICE USE ONLY

A TELL US ABOUT YOURSELF

Please check (✔) one box   ❑Mr   ❑Mrs   ❑Miss   ❑Ms

Date of Birth: | | | | | | | |

M   M /   D   D / Y   Y

Last Name:

Given Name:

Other Names *(known as)*:

Health Card Number: | | | | | | | | | |

Social Insurance Number: | | | | | | | | |

Marital Status: ❑Married   ❑Common Law   ❑Separated   ❑Widow/Widower
❑Single   ❑Divorced   ❑Other

Preferred language of communication: ❑Inuktitut   ❑Inuinnaqtun   ❑English   ❑French

Have you previously applied for a childcare subsidy?   ❑Yes   ❑No

B HOME ADDRESS

Address:

Community: Terr./Prov.:

Postal Code:

Phone (home): (   )   Fax: (   )

Phone (work): (   )   E-mail:

C SPOUSAL AND DEPENDANT INFORMATION

Your Name: **Spouse's Name:**

Children's/Child's Name:

Last Name	Given Name	Date of Birth MM/DD/YY	Relationship to you	HCP#

Note: Please use an additional sheet of paper if there is not enough room to list all of your dependants.

D THE REASON CHILDCARE SERVICES ARE REQUIRED

Please check (✔) one or more boxes

I am or soon will be:	**My spouse is or soon will be:**
❑in school	❑ in school
❑working	❑working
❑other	❑other

Note: If other is checked please attach a letter explaining circumstances.

E TELL US ABOUT YOUR CHILDCARE NEEDS

Child needing care: Last Name: Given Name:

Please check the days that care is needed:	❑Monday ❑Friday	❑Tuesday ❑Saturday	❑Wednesday ❑Sunday	❑Thursday

Hours per day: **Cost per day:**

Name of Service Provider: **Authorized Signature:**   **Date:**

Child needing care: Last Name: Given Name:

Please check the days that care is needed:	❑Monday ❑Friday	❑Tuesday ❑Saturday	❑Wednesday ❑Sunday	❑Thursday

Hours per day: **Cost per day:**

Name of Service Provider: **Authorized Signature:**   **Date:**

Child needing care: Last Name:Given Name:

Please check the days that care is needed:	❑Monday ❑Friday	❑Tuesday ❑Saturday	❑Wednesday ❑Sunday	❑Thursday

Hours per day: **Cost per day:**

Name of Service Provider: **Authorized Signature:**   **Date:**

Note: If you have more than three children in a daycare, please provide the same details as above on a separate sheet.

F SCHOOL INFORMATION

Please check (✔) one or more boxes

I am or will be attending	❑High School	❑College
	❑Other course, specify:	

I begin classes: **Start Date:** | | | | | | | **End Date:** | | | | | | |

❑Full Time   ❑Part Time   M M / D D / Y Y   M M / D D / Y Y

Same for spouse:

Please check (✔) one or more boxes

I am or will be attending:	❑High School	❑College
	❑Other course, specify:	

Spouse begins classes: **Start Date:** | | | | | | | **End Date:** | | | | | | |

❑Full Time   ❑Part Time   M M / D D / Y Y   M M / D D / Y Y

G EMPLOYMENT INFORMATION

I work for:

My supervisor's name is:

I start(ed) working on:

I work on the following days:	❑ M	❑ T	❑ W	❑ T	❑ F	❑ S	❑ S	Total hours per week:

Same for Spouse

I work for:

My supervisor's name is:

I start(ed) working on:

I work on the following days:	❑ M	❑ T	❑ W	❑ T	❑ F	❑ S	❑ S	Total hours per week:

H FINANCIAL INFORMATION

I pay   ❑Rent   ❑Mortgage

If yes what is the monthly amount you pay

If renting, my landlord is:	**If paying a mortgage, my bank is:**

Do you pay utility bills?   ❑Electricity   ❑Water/Municipal Services   ❑Home Heating Fuel
(Copies of each bill must be included with your application)

Our family income *(check every one that you or your spouse receive)*

Income Support	❑Myself	❑Spouse
Wages	❑Myself	❑Spouse
Student Financial assistance	❑Myself	❑Spouse
Employment Insurance benefits	❑Myself	❑Spouse
Any type of pension	❑Myself	❑Spouse
Child support	❑Myself	❑Spouse
Other	❑Myself	❑Spouse

I RELEASE AGREEMENT AND DECLARATION

This section must be signed in order for your application to be processed.

I have read and understand the Declaration and consent to the following:

1.   I authorize the Department of Education to request information regarding my personal income from any and all agencies necessary to confirm information given on this application.

2.   I understand that funds received from the Child Care Subsidy Program are considered taxable benefits by the Canada Customs and Revenue Agency (Revenue Canada). I will receive a T4A each spring that will show the full amount of the subsidy provided to me or for my dependants and me. Income tax is not deducted from any payments I receive.

3.   I will inform the Department of Education immediately if there is any change in my status, the status of my spouse, the number of dependants I am supporting, or any other information related to this application.

4.   I declare that all information in this application is correct and complete to the best of my knowledge.

5.   I understand that false statements made in this application may result in termination of benefits, recovery of benefits paid, and/or possible legal action.

Applicant's Signature   Date

In the presence of:

Department of Education Designate   Date

If you need to inform the Department of a change in status, you can call the office in your area toll-free at:

Kivalliq	**1-800-953-8516**
Kitikmeot	**1-800-661-0845**
Qikiqtaaluk	**1-800-567-1514**

Childcare Subsidy Program

Department of Education

What is the Childcare Subsidy Program?

This is a program available to assist in providing financial support to low income families to help make day care more affordable.

Who delivers the Childcare Subsidy Program?

The subsidy is administered by staff located in the three field offices of the Department of Education.

Who can apply?

All residents of Nunavut with dependant children from 0-12 can apply to have a detailed needs assessment completed. You must be working, enrolled in school, or attending eligible courses or training programs. If you are not sure whether you can apply, call the office located in your area to discuss your options.

Kivalliq   1-800-953-8516
Kitimeot   1-800-661-0845
Qikiqtaaluk   1-800-567-1514

How do I apply?

To apply, fill out the attached application. Make sure that you fill it in completely. Any missing information will slow down the processing of your application. Your form must be dated and signed. Fax or mail the application to your field office.

Where can I get help?

You can get help from your Department of Education field office toll-free at:

Kivalliq	1-800-953-8516
Kitikmeot	1-800-661-0845
Qikiqtaaluk	1-800-567-1514

Don't forget!

✔Apply as soon as you know you require childcare.

✔Fill in your application completely.

✔Provide the signatures needed.

✔Provide copies of all financial information requested.

✔Photocopy this application if you mail it.

✔Tell the field office of any changes in your family, financial or school situation.

✔Any false statement made on your application may result in:
- loss of benefits
- repayment of benefits
- possible legal actions