

	Applicant	Co-Applicant			
First and Last Name					
Maiden / Previous Name					
Birth Date (day/month/year)					
Gender					
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Common Law <input type="checkbox"/> Widowed				
Other Adult(s) in the Home	<input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ Relationship: _____				
Home Address (st./town/postal code)					
Mail Address (if different from above)					
Home Phone					
Cell Phone					
E-mail Address					
Current Employment or Education Information					
Name of Employer					
Work Phone					
Name of School					
School Program					
Days & Hours of Work or School					
Receiving Ontario Works or Ontario Disability Support (check)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Children Living with you Requiring Child Care (age 0-12 years)					
First Name	Last Name	Birth Date (day/month/year)	Gender	Days Care is Required	Child's School (if applicable)
Is care required for <u>school-age children</u> during any of the following: <input type="checkbox"/> School Breaks <input type="checkbox"/> Before School <input type="checkbox"/> After School					
Additional Information					
Are you fostering any of the children listed above?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any of your children listed above have a special need(s)?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have expenses related to a disability or special need for anyone in your household?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Care Centre at which you've secured a spot(s)	<input type="checkbox"/> Atikokan Rainbow Centre <input type="checkbox"/> Country View Child Care Centre <input type="checkbox"/> Fort Frances Nursery School <input type="checkbox"/> Tall Oaks Atelier		<input type="checkbox"/> Abinoojii Gamig Child Care Centre <input type="checkbox"/> Learn, Laugh & Play Children's Centre <input type="checkbox"/> Pathways Atelier <input type="checkbox"/> Stepping Stones Atelier		
Date care is required to start					
Declaration, Release and Consent to Information					
<p>All the information in this application is true. I/We will inform the Rainy River District Social Services Administration Board (RRDSSAB) immediately of any changes to this information. I/We give permission to the RRDSSAB to share this information and any attachments with the other programs of the RRDSSAB (i.e. Ontario Works and Social Housing) and with the Child Care Providers of the Rainy River District pursuant to the Freedom of Information and Protection of Privacy Act and the Municipal Freedom of Information and Protection of Privacy Act.</p>					
Applicant Signature:					Date:
Co-Applicant Signature:					Date:

Am I eligible for Child Care Fee Subsidy?

Fee Subsidy can help you with your child care fees. It provides financial support to those who qualify to assist with the costs of licensed child care programs in the Rainy River District. Assistance is available for parents or legal guardians of children who are between the ages of 0 - 12 years. You may qualify for full or partial subsidy.

Eligibility is based on your family's income as outlined on your current Notice of Assessment (NOA) or your current Canada Child Benefit (CCB) Notice. Assets and general expenses are not taken into account.

How do I apply?

1. Secure a spot for your child(ren) with a Rainy River District Social Services Administration Board contracted child care service provider (listed on reverse).
2. Complete all sections of the application for yourself and the co-applicant where applicable. Both applicants must sign the form. Please note that incomplete applications will be held for 30 days. After 30 days applicants must reapply.
3. Mail, fax or deliver the application and all supporting documents (listed below) to the office nearest you:

Rainy River DSSAB
Attention: Children's Services
450 Scott Street
Fort Frances, ON P9A 1H2
Fax: (807) 274-0678

Rainy River DSSAB
Attention: Children's Services
Rawn Road Centre, P.O. Box 1300
Atikokan, ON P0T 1C0
Fax: (807) 597-1493

What do I need to include with my application?

- | | | |
|--------------------------|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Income Verification | Your NOA (original required; it will be returned for your records) <u>or</u> a copy of your CCB for the most recent tax year for both applicants. |
| <hr/> | | |
| <input type="checkbox"/> | Activity | <p>Employed: <u>Two</u> most recent consecutive pay stubs. If you have recently started new employment and don't have two pay stubs yet, a letter from your employer (on company letterhead / stamp) that shows your place of employment, your start date, your hours and days of work is also accepted as documentation.</p> <p>Student: Documents to confirm your enrolment and a class schedule. Please ensure that the course/program start and end dates are included.</p> <p>Special needs: If not engaged in the above activities a current referral about your and/or your child(ren)'s need for child care is required from a medical doctor, agency or other professional that is actively working with your family. Please contact us for a referral form.</p> |
| <hr/> | | |
| <input type="checkbox"/> | Address | <u>Two</u> of the following with your current address: a recent property tax, hydro, gas, water or telephone bill, driver's license. |
| <hr/> | | |
| <input type="checkbox"/> | Agreements | A copy of any current custody and/or separation agreements. |
| <hr/> | | |
| <input type="checkbox"/> | Identification | A copy of your child(ren)'s birth certificate or other form of identification; and a copy of government issued photo identification for each applicant. |

If you have lost or misplaced your Notice of Assessment, you can contact Canada Revenue Agency at 1-800-959-8281 to obtain a copy.

Questions? Contact our office in Fort Frances at (807) 274-5349 or in Atikokan at (807) 597-1431 if you have questions about the application process.