



## Community Services

# Early Childhood Development Services Application for Child Care Subsidy

### General Information and Instructions

The attached form is for residents of Nova Scotia who wish to apply for child care subsidy. If you wish to apply please:

- ✓ Complete all sections of the form that apply to you using black or blue ink
- ✓ Have all parties sign the form where indicated
- ✓ Return the form to your local office of the Department of Community Services (see contact information on page 4)

PLEASE NOTE: If you do not complete all sections of the form or if you do not sign the form, your application will not be processed.

### Completing Section 1 – Applicant Information

Section 1 requires you to provide basic information about yourself and your spouse/partner (if applicable).

#### First Application or Re-application:

- If you have not received or applied for child care subsidy in Nova Scotia in the past, please select **First Application**.
- If you have received or applied for child care subsidy in Nova Scotia in the past, please select **Re-application**.

#### Social Insurance Number and Health Card Number:

- If you do not have a Social Insurance Number (SIN) and/or a Nova Scotia Health Card Number (NSHCN) but have applied for them, please enter the date you applied for your SIN and/or NSHCN in the applicable box.
- If you do not have a SIN and/or a NSHCN and have not applied for one, please enter "No Number" in the box.

**Marital Status:** Please check the box that best describes your current situation:

- You are considered to be **Cohabiting** if you have been living with your partner for more than 12 continuous months
- If you have been living with your partner for less than 12 months, you may choose either **Single** or **Cohabiting**

**Number of dependent children:** Please enter the total number of dependent children living at your current address

A child is considered to be a dependent child if they are:

- Under the age of 19 years, or
- 19 or 20 years of age and attending an approved educational program not designated for student loan purposes;

#### Citizenship Status

- If you are not a Canadian Citizen, Permanent Resident or Refugee Claimant, please select **Other** and provide your status (e.g. On Work Visa) in Section 8 – Additional Information

### Completing Section 2 – Reason for Subsidy

Section 2 requires you to tell us why you and your spouse/partner (if applicable) require child care for your dependent children.

#### Are you working?

- **Full Time** work is defined as a job that regularly requires you to work more than 30 hours a week
- **Part Time** work is defined as a job that regularly requires you to work 30 hours per week or less
- For **Number of Days per week**, please enter the average number of days you work each week
- For **Hours Worked per week**, please enter the average number of hours you work per week

#### Are you Seeking Employment/Education?

- Please provide the name and contact details of the employment agency you are using to assist you in your job search (if none, indicate you are conducting it yourself)

### Are you taking Education/Training?

- For the **Name of Program**, please indicate the name of the course or program you are in and if the course or program is full time or part time
- For the **Start Date**, please enter the date your course or program started or is scheduled to begin – i.e. your first day of class
- For the **Finish Date**, please enter the date you should complete your course or program. If you are in a program that will take more than one year to complete, please enter the date you are supposed to complete the entire program – For example if you are just starting a two year course at a College, the **Finish Date** would be the end of the two year course – even if you have the summer off.

### Does your child have special social needs?

- Provide the name of the social service agency, and the contact information for the agency worker.

### Are you in a situation of short term emergency?

- Provide the name of the social service agency, and the contact information for the any agency worker involved with your family. Provide a brief description of the emergency situation.

## Completing Section 3 – Family Income Assessment

**Section 3 requires you to provide information on all types of income that you and your spouse/partner (if applicable) receive.**

### Income

- Please provide a copy of your Notice of Assessment from last year.
- For **Maintenance/Child Support** please provide the amount you receive for child support (not spousal maintenance).
- If your income has changed by more than 20%/month from last year, eligibility for subsidy will be based on current income. Examples:
  - 1) If your income was \$25,000 last year and it has changed (up or down) from last year by more than \$5,000, then eligibility will be based on current income.
  - 2) If your income was \$30,000 last year and it has changed (up or down) from last year by more than \$6,000, then eligibility will be based on current income.
  - 3) If your income was \$40,000 last year and it has changed (up or down) from last year by more than \$8,000, then eligibility will be based on current income.

## Completing Section 4 – Liquid Assets

**Section 4 requires you to provide information on any liquid assets you and your spouse/partner (if applicable) own. A liquid asset is any asset that can be easily changed to cash. It includes but is not limited to: money in bank accounts, investments, Registered Retirement Savings Plans (RRSPs), etc. If you and your spouse/partner have \$40,000 or more in liquid assets you may be required to provide bank statements and other documents showing the total value of your liquid assets.**

**Below please find examples on how to provide information on some of the assets you may have.**

### Bank Accounts

- Please outline balances in all bank accounts.
- In the **Location** column, please identify the bank and branch for each account
- In the **Estimated Value** column, please provide the estimated value of the account as of the day of the application

### Investments/ RRSPs

- Identify any investments you and spouse/partner (if applicable) may own – Investments include things like stocks, bonds, mutual funds, Guaranteed Income Certificates (GICs), RRSPs, etc.
- In the **Location** column, please identify the organization that you have invested with
- In the **Estimated Value** column, please provide the estimated value of the investment as of the day of the application (or from your most recent investment statement)
- Investments that you cannot access due to specific rules – such as Locked In Retirement Accounts (LIRAs) or trust funds – **do not** need to be listed as assets. However you should note them on the application form in the **Additional Information** area in Section 8
- **RESPs** for dependent children, student loans, and real or personal property are **not** considered liquid assets and do not need to be listed

**If you need more space to list your assets than is available on the form please attach a separate sheet with the asset details, attach it to the application and sign and date the sheet.**

## Completing Section 5 – Child Custody Arrangements

Section 5 requires you to provide information on any custody or support arrangements you may have with an ex-spouse or other parent. If you have more than one support or custody agreement, please provide details on a separate sheet, attach the sheet to the application, and sign and date the additional sheet.

Child Support includes any payment made by an ex-spouse or other parent to assist with regular daily expenses. Support payments can either be direct payments to you or in-kind payments. An in-kind payment exists when an ex-spouse or other parent pays for expenses such as mortgage, utilities, school fees, groceries etc.

### Support Arrangements

- If you have court ordered support please select **Yes-Court Order** and indicate in the **Custody Arrangement Details** if the court order is being followed.
- If you have a signed agreement (e.g. through a Lawyer or Notary) please select **Yes – Private Agreement** and indicate in the **Custody Arrangement Details** if the agreement is being followed.
- If you do not have any support arrangements in place but are in the process of obtaining one either through the courts or privately, please select **In Progress** and provide details of the steps you are taking and the date you expect an agreement to be finalized in the **Custody Arrangement Details**.
- If you have a court order or a private agreement please indicate the payment status (receiving regularly, not receiving, etc.).
- If you do not have an agreement and are not pursuing one, and are not receiving any support payments, please select **None**.

### Custody Arrangements

- If you have a Court Order that indicates that you are the only custodial parent of the child(ren) please select **Sole Custody**. This may include arrangements where the other parent has visitation privileges but does not have custody
- If you have a Court Order that indicates that you share custody of the child(ren) with the other parent, please select **Joint Custody** and indicate the percentage of time the children are with you (e.g. 50%)
- If you do not have a Court Order **do not** select either choice but indicate the custody arrangements in the **Custody Arrangement Details**

## Completing Section 6 - Children Requiring Subsidy

Section 6 requires you to provide information on all children for whom you are requesting child care subsidy assistance. Please fill in requested information for each child. If you require additional space to add information for more than three children, please provide the information requested on a separate sheet, attach the sheet to the application and sign and date the additional sheet.

### Health Card Number:

- If you do not have a Nova Scotia Health Card Number for the child but have applied for it, please enter the date you applied for the Health Card in the Health Card Number box
- If you do not have a Nova Scotia Health Card Number for the child and have not applied for one, please enter "No Number" in the Health Card Number box

### Child Care Centre

- Please enter the name of the Child Care Centre where a space is available for your child
- If you have not found an available space in a Child Care Centre, please leave this box blank

### Subsidy Effective Date

- Please enter the date from which you would like the subsidy to take effect
- If you require subsidy right away use the date you are completing the application
- If you do not need subsidy until a future date (e.g. when you start school) please enter that date

### Number of Days in Care per Week

- Please enter the number of days per week you will require subsidy for this child in the box(es)
- Enter numbers in **Full Day** for those days you require the child to be in care for both the morning and the afternoon, or for before school, after school and lunch
- Enter numbers in **Part Day** for those days you require the child to be in care for only the morning, or the afternoon, or before school and lunch, or after school and lunch, or before school and after school
- Enter numbers in **After School** for those days you require the child to be in care only before school, or after school, or lunch

### Relationship to Applicant

- Please indicate if the child is your child, a stepchild, a grandchild, a foster child, a legal ward, etc

## Completing Section 7 – Dependent Children not requiring Subsidy

Section 7 requires you to list any children in your care under the age of 19 for whom subsidy is not required (e.g. Children over the age of 13 attending school full time)

- In the **Relationship to Applicant/Parent** column, please indicate if the child is your child, a stepchild, a grandchild, a foster child, a legal ward, etc.

## Completing Section 8 – Additional Information

Section 8 can be used to provide any other information you feel is relevant to your situation that you have not provided in the other sections of the form.

You can also use this section to provide additional details on information you provided earlier in the form.

## Completing Section 9 – Certification

Section 9 requires you to read the declarations carefully, ensure that you understand the declarations and indicate your and your spouse/partner's (if applicable) agreement with the declaration by signing and dating the form in the spot indicated.

- Print your name and that of your spouse/partner's (if applicable) in the space after "I/we" on the first line of the declaration.
- If you have attached any additional sheets to the application indicate in the appropriate spot the number of sheets attached.

If you and spouse/partner (if applicable) do not sign the form the application will not be processed by the Department.

## **Submitting Your Application Form**

Once you have completed all applicable sections and signed the form, please review the checklist on the next page to ensure you have all necessary documentation.

If you have any questions on completing the form or on how to submit it please contact your local Department of Community Service office at one of the numbers provided below:

Halifax: (902) 424-6679

Sydney: (902) 563-3300

New Glasgow: (902) 755-7023

Kentville: (902) 679-6715

Or you can check online at: [www.gov.ns.ca/coms](http://www.gov.ns.ca/coms)

Place the completed and signed application form, along with copies of all required verification documents into an envelope and submit it to the Department of Community Services in any of the following ways:

### **HAND DELIVER**

Please drop off the envelope containing your application and verification documents at your local Department of Community Services office.

### **MAIL**

Please send your envelope containing your application and verification documents to the Department of Community Services office nearest you. Offices addresses are provided on the next page:

**CENTRAL REGION OFFICE**

44 Portland Street (4th floor)  
PO Box 857  
Dartmouth, Nova Scotia  
B2Y 3Z5

**EASTERN REGION OFFICE**

Suite 25, Provincial Building  
360 Prince Street  
Sydney, Nova Scotia  
B1P 5L1

**NORTHERN REGION OFFICE**

60 Lorne St.,  
Truro, Nova Scotia  
B2N 5G7

**WESTERN REGION OFFICE**

10 Webster Street  
Suite 202  
Kentville, Nova Scotia  
B4N 1H7

## Documentation Checklist

**Please ensure you include copies of the following documents with your application form:**

- If you don't have a health card please provide proof of Canadian citizenship (e.g. Copy of Birth Certificate or Passport), landed immigrant status, refugee status or visa status.
- If you indicated in Section 2 that your reason for requiring subsidy is Medical/Rehabilitation, include a letter from your Doctor outlining the length of time it is expected that this condition will persist.
- If you indicated in Section 2 that your reason for requiring subsidy is Special Social Needs, include a letter or referral from the social agency.
- Include your last income tax Notice of Assessment (If you need a copy of your Notice of Assessment go to the following website: <http://www.cra-arc.gc.ca/menu-e.html> or contact the local Canada Revenue Agency office).
- If you are receiving child support, provide a copy of the Court Order or Private Agreement.
- If you have liquid assets totaling \$40,000.00 or more, please provide a copy of your latest bank or investment statement(s). If you have more than one account, please be sure to provide a statement for each account.
- If you have an asset that is greater than \$40,000.00 and cannot be accessed please provide documentation that indicates why the asset cannot be accessed.

**If you have used additional sheets to provide information that you could not fit on the application form, ensure that you:**

- Print your full name at the top of each additional sheet
- Provide all of the necessary information as requested in the appropriate section of the application form
- Sign and date each additional sheet
- Enter in **Section 9 – Certification** the number of additional sheets you have attached to the application form
- Staple all additional sheets to the back of the application form

**PLEASE NOTE: If you do not provide the required documentation, it may result in a delay in the Department's decision on your child care subsidy request or could result in your child care subsidy request being denied.**

**Section 1 – Applicant Information**

First Application

Re-application

Please provide the requested information

**Applicant / Parent**

Last Name		First Name		Middle Name	
Birth Date YYYY/MM/DD		Sex (M/F)	Social Insurance Number ###-###-###		Health Card Number #####
Address			City/County		Prov.
			Postal Code		
Phone – Home		Phone – Work		Phone – Other	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Widow/er <input type="checkbox"/> Cohabiting					
Total Number of Dependent Children: <input type="text"/>			Citizenship Status: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Other (Explain) _____		

**Spouse/Partner (if applicable)**

Last Name		First Name		Middle Name/Initial	
Birth Date YYYY/MM/DD		Sex (M/F)	Social Insurance Number ###-###-###		Health Card Number #####
Phone – Home		Phone – Work		Phone – Other	

I/ We are currently in receipt of Income Assistance:  No  Yes

## Section 2 – Reason for Subsidy

Please provide details on why you and your spouse/partner (if applicable) are requesting subsidy at this time. Both you and your spouse/partner (if applicable) must indicate the reason for needing child care.

**Are you seeking subsidy due to a medical condition or rehabilitation?**  No  Yes

You may be required to provide documentation to support the time frames of the medical condition or rehabilitation

**Are you seeking subsidy due to work?**  No  Yes

	Applicant/Parent	Spouse/Partner
Date Started	YYYY/MM/DD	YYYY/MM/DD
Name of Employer		
Occupation		
Full or Part Time	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Number of Days Per Week		
Hours Worked per Week		

**Are you seeking subsidy due to employment/education search?**  No  Yes

You may be required to provide documentation relating to your employment/education search

**Are you seeking subsidy to go to school or take training?**  No  Yes

You may be required to provide documentation of your enrollment

	Applicant/Parent	Spouse/Partner
Name of School		
Name of Program		
Start Date	YYYY/MM/DD	YYYY/MM/DD
Finish Date	YYYY/MM/DD	YYYY/MM/DD

**Are you seeking subsidy for your child under the special social needs category?**  No  Yes

If you or your child were referred to child care by a professional in the community, please provide the agency/worker name and phone number in the space below. A letter from this person may be required.

**Are you seeking subsidy because of a short term emergency?**  No  Yes

Please explain the nature of the emergency. If you have been referred by an agency provide the agency/worker name and phone number. A letter from this person may be required.

	Applicant/Parent	Spouse/Partner
Social Service Agency		
Contact Name		
Phone Number		
Explanation of emergency situation (if applicable)		

**Section 3 – Family Income Assessment**

Please fill in the following information about your income and allowable income deductions. *Each line must be completed*

Income Type	Applicant/Parent	Spouse/Partner	Documentation
	Monthly Amount	Monthly Amount	
Net Income (Line 236 of Notice of Assessment)			CRA Notice of Assessment
<b>Add:</b> Child Support/Maintenance			Maintenance/Support Agreement/Cheque Stub
<b>Subtract:</b> Universal Child Care Benefit (UCCB)			
Total Income			

- Income**  I didn't file income tax last year. Reason: \_\_\_\_\_  
 My income has changed by more than 20% from last year.

**Section 4 - Liquid Assets**

Liquid assets include, but are not limited to: cash on hand, cash held in financial institutions, investments, RRSPs, and other assets that can be readily converted into cash. Please list all assets that you and/or your spouse/partner (if applicable) own, including a description of the asset and the estimated value at the time of application.

If more space is required please attach an additional sheet. You may be required to provide supporting documentation.

Asset Description (Bank Account, RRSP, cash, etc)	Asset Location (Bank, Investment Company, etc.)	Estimated Value
1.		\$
2.		\$
3.		\$
<b>Total Value of Assets</b>		\$

**Section 5 - Child Custody Arrangements**

Please provide information on current custody and support arrangements for all children.

Please attach an additional sheet if you have more than one agreement in place or if more space is required.

Arrangement Details - Name of Child/Children		
Support Arrangements:	<input type="checkbox"/> Yes – Court Order <input type="checkbox"/> Yes – Private Agreement <input type="checkbox"/> None <input type="checkbox"/> In Progress	
Payment Status:	<input type="checkbox"/> Receiving Payments <input type="checkbox"/> Not Receiving <input type="checkbox"/> Not Receiving filed with Maintenance Enforcement	
Custody Arrangements:	<input type="checkbox"/> Sole Custody <input type="checkbox"/> Joint Custody (Indicate Applicant's %) _____%	
Parent Not Residing with Child(ren)		
Last Name	First Name	Custody Arrangement Details
Address		
City/County	Province	

**Section 6- Children Requiring Subsidy** – Please provide information on your child(ren) for whom you are requesting subsidy.

If you have more than three children requiring subsidy, please provide information on a separate sheet

<b>First Child</b>		<input type="checkbox"/> Last Name same as Applicant/Parent or	
Last Name		First Name	
Middle Name or Initial			
Birth Date YYYY/MM/DD	Sex M/F	Health Card Number #### ##	Child Care Centre
Is your child currently attending a regulated child care centre? <input type="checkbox"/> No <input type="checkbox"/> Yes			Child Care Start Date YYYY/MM/DD
Number of days in care per week:	Full Day	Part Day	After School
			Relationship to Applicant

<b>Second Child</b>		<input type="checkbox"/> Last Name same as Applicant/Parent or	
Last Name		First Name	
Middle Name or Initial			
Birth Date YYYY/MM/DD	Sex M/F	Health Card Number #### ##	Child Care Centre
Is your child currently attending a regulated child care centre? <input type="checkbox"/> No <input type="checkbox"/> Yes			Child Care Start Date YYYY/MM/DD
Number of days in care per week:	Full Day	Part Day	After School
			Relationship to Applicant

<b>Third Child</b>		<input type="checkbox"/> Last Name same as Applicant/Parent or	
Last Name		First Name	
Middle Name or Initial			
Birth Date YYYY/MM/DD	Sex M/F	Health Card Number #### ##	Child Care Centre
Is your child currently attending a regulated child care centre? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes please write starting date _____			Child Care Start Date YYYY/MM/DD
Number of days in care per week:	Full Day	Part Day	After School
			Relationship to Applicant

**Section 7 – Dependent Children not Requiring Subsidy**

Please list any dependent children in your care for whom you are *not* requesting subsidy

Name	Birth Date	Relationship to Applicant/Parent
	YYYY/MM/DD	
	YYYY/MM/DD	
	YYYY/MM/DD	
	YYYY/MM/DD	
	YYYY/MM/DD	

**Section 8 – Additional Information**

Please provide any additional information that would assist the Department in evaluating the application for subsidy.

**Section 9 – Certification**

I/we have attached \_\_\_ additional sheets to this application form containing information relevant to this application.

I/we certify that all the statements contained in the foregoing application are true, and that I/we have not concealed or omitted any information required to be given.

I/we agree to notify the Child Care Subsidy Caseworker on any changes in my/our social or financial circumstances, within seven (7) days of the occurrence, and understand that failure to notify the Department of Community services of said change(s) could result in the recovery of any overpayment and/or cancellation of the subsidy and/or prosecution.

\_\_\_\_\_ Date (YYYY/MM/DD)

\_\_\_\_\_ Signature of Applicant/Parent

\_\_\_\_\_ Date (YYYY/MM/DD)

\_\_\_\_\_ Signature of Spouse/Partner (if applicable)

**Office Use Only Below This Line**

**Caseworker Notes**

Approved

Denied

Assessed Daily Parent Fee:

\$

Caseworker ID

\_\_\_\_\_

Case ID

\_\_\_\_\_

**Caseworker Notes**

\_\_\_\_\_

Caseworker Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

**PROVINCE OF NOVA SCOTIA**  
**DEPARTMENT OF COMMUNITY SERVICES**  
**FAMILY & COMMUNITY SUPPORTS DIVISION**

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**RELEASE OF INFORMATION**  
**CONSENT FORM**

I/We understand only information that is relevant to determining my/our eligibility for child care subsidy under the Day Care Act will be collected. I/We understand that the use and disclosure of my personal information will be in accordance to Release of Information Consent form and in compliance with the Nova Scotia Freedom of Information and Protection of Privacy Act. I/We understand that in order for the Department of Community Services (DCS) to obtain information about me/us, my/our name(s) and information which will identify me/us will have to be disclosed to the person/government/agency from which information is being collected.

I/We hereby authorize:

- a) Any manager or person in charge of any financial institution to provide DCS or any of its representatives information relating to bank balances and investments, and authorize DCS representatives to examine records at any financial institution for the purpose of determining the ownership and value of any account or asset held by me/us or held by me/us jointly; with someone else or held by us jointly;
- b) Any manager or person in charge of an insurance company, or the Insurance Bureau of Canada, to supply the DCS with financial and beneficiary information concerning insurance benefits or insurance claims;
- c) My/our employer to supply the DCS with any requested information concerning my/our employment and wages and any information recorded in employment records relating to addresses, dependents, marital status and telephone numbers;
- d) Other departments of the Government of the Province of Nova Scotia; other programs of DCS; the Federal Government; to provide DCS with the following information about me/us: financial information, employment information, marital status, telephone numbers, dependents and addresses;
- e) DCS subsidy staff is permitted to disclose subsidy information to child care centres or Family Home Day Care homes about me/us, if I/we have indicated that I/we have applied for a child care space at that centre. Only enough information to identify myself/ourselves, my child(ren) and the amount of subsidy we are eligible for will be shared with the centre. The caseworker may have to discuss the developmental or special needs of the child as well.

**Community Services**

f) Any Judge or Officer of the Family court and/or a representative of the Maintenance Enforcement Program to provide DCS with the following information,

- Date and time of applications for maintenance;
- Date and amount of maintenance order;
- Maintenance payment activity including arrears; and
- Action being taken to enforce the maintenance order, including the dates of Court hearings relating to the maintenance order.

g) I/We hereby consent to the release, by Canada Revenue Agency to an official of DCS, of information from my/our income tax returns, Nova Scotia Child Benefit information and, if applicable, other required taxpayer information about me/us, whether supplied by me/us 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 the Child Care Subsidy program under the Day Care Act, and will not be disclosed to any other person or organization without my approval.

This authorization is valid for the most recently available of the two taxation years prior to the year of signature, and each subsequent consecutive taxation year for which subsidy is requested by me/us or on my/our behalf.

I/We understand that I/we will not be eligible for subsidy until I/we have provided the information needed to assess my/our initial or continuing eligibility for subsidy and signed the Release of Information Consent form.

PARENT/APPLICANT	SPOUSE / PARTNER
<b>Name:</b>	<b>Name:</b>
<b>Address:</b>	<b>Address:</b>
<b>Signature (Client):</b>	<b>Signature (Client):</b>
<b>Date:</b> yyyy/dd/mm	<b>Date:</b> yyyy/dd/mm