

I. Income Declaration Section

Please provide a copy of your most recent paystub(s) for you and your spouse covering the last full month, from ALL sources of income.

Complete Applicable:	Applicant	Spouse/Common-Law
1. Present Month's Gross Employment Income (before deductions)		
Applicant Paid – (attach paystub/s)		Spouse/Common-law Paid (attach paystub/s)
<input type="checkbox"/> Paid Monthly _____ / mth		<input type="checkbox"/> Paid Monthly _____ / mth
<input type="checkbox"/> Paid every two weeks _____ / 2 wks		<input type="checkbox"/> Paid every two weeks _____ / 2 wks
<input type="checkbox"/> Paid weekly _____ / wk		<input type="checkbox"/> Paid weekly _____ / wk
<input type="checkbox"/> Paid twice per month (eg. 1 st & 15 th) _____ + _____ / mth		<input type="checkbox"/> Paid twice per month (eg. 1 st & 15 th) _____ + _____ / mth
- Previous month's employment income _____		- Previous month's employment income _____
- Does your income fluctuate monthly? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	- Does your income fluctuate monthly? <input type="checkbox"/> Yes <input type="checkbox"/> No
	total per month	total per month
2. Commission Income: - Submit previous month's Gross (attach allowable expenses and paystubs if applicable)		
Applicant – commission _____	total per month	Spouse/Common-law - commission _____
		total per month
3. Net Income Self-Employment (farm or business)		
Applicant – Net Income Check () one:		Spouse/Common-law – Net Income Check () one:
<input type="checkbox"/> Previous Year <input type="checkbox"/> Current Year		<input type="checkbox"/> Previous Year <input type="checkbox"/> Current Year
Monthly Average Monthly Estimate	total per month	Monthly Average Monthly Estimate
		total per month
4. Student Loan, Training Allowance, Grants, Bursaries or Scholarships		
Applicant Receives		Spouse/Common-law Receives
<input type="checkbox"/> Student Loan _____		<input type="checkbox"/> Student Loan _____
<input type="checkbox"/> Bursary, Grants, Scholarships for the period of _____ to _____		<input type="checkbox"/> Bursary, Grants, Scholarships for the period of _____ to _____
Training Allowance:		Training Allowance:
<input type="checkbox"/> Paid Monthly _____ / mth		<input type="checkbox"/> Paid Monthly _____ / mth
<input type="checkbox"/> Paid every two weeks _____ / 2 wks		<input type="checkbox"/> Paid every two weeks _____ / 2 wks
<input type="checkbox"/> Paid weekly _____ / wk		<input type="checkbox"/> Paid weekly _____ / wk
<input type="checkbox"/> Child Care allowance _____ / wk		<input type="checkbox"/> Child Care allowance _____ / wk
	total per month	total per month
5. Employment Insurance (attach paystub/s)		
Applicant Receives		Spouse/Common-law Receives
Weekly Benefit _____		Weekly Benefit _____
Eligible Date _____		Eligible Date _____
Year Month Day	total per month	Year Month Day
		total per month
6. Rental Income		
Applicant Receives Income from		Spouse/Common-law Receives Income from
<input type="checkbox"/> Room & board _____		<input type="checkbox"/> Room & board _____
<input type="checkbox"/> Rental property _____		<input type="checkbox"/> Rental property _____
<input type="checkbox"/> _____ (other) _____	total per month	<input type="checkbox"/> _____ (other) _____
		total per month
Applicant receives income from (attach copies)	total per month	Spouse/Common-law receives income from (attach copies)
7. Pensions & Superannuation		Pensions & Superannuation
total per month		total per month
8. Workers Compensation	total per month	Workers Compensation
		total per month
9 Maintenance or Child Support	total per month	Maintenance or Child Support
Received:		Received:
		total per month
10. Other Income _____ (specify)		Other Income _____ (specify)

PLEASE TURN TO PAGE 4. READ SECTION L AND SIGN IN THE APPROPRIATE SPACE(S).

For office use only			
(a)	(b)	(a-b)	Assessor's signature _____
Total Gross family income	Number of children x \$100	Adjusted family income	Approved by _____

J. Variable Work Schedule/Child Care Requirements: Explain your work schedule providing as much detail as possible (eg. Number of days, hours per day worked, etc.). State the actual week days and hours per day that you require child care in one month.

K. Special Needs – Child Care Subsidy Referral (MUST BE COMPLETED BY REFERRING PROFESSIONAL)

Date: _____ Child's Name: _____

Facility: _____

Child will require child care _____ days per week.

Child will require child care _____ hours per day.

Reason for referral: (if more space is required please provide an attachment).

Length of time required: _____

Referring person's signature: _____ Date: _____

Profession: _____ Name: _____

Address: _____ Phone Number: _____

L. I state that the information given in this Child Care Subsidy Application is true, correct and complete and that I have not withheld any information which may have an effect on my benefits. I understand I may be liable to criminal prosecution for withholding information or providing false or misleading information.

Reporting Requirements

I agree to report to the Ministry of Social Services any changes in my circumstances, or the circumstances of my family members, that may affect my eligibility for benefits, or the eligibility of my family members. I understand some examples of such changes are changes in address, income from any source, number of dependents, marital status (including common-law relationships), living arrangements and change in reason for child care services. If I am in doubt as to whether any changes in circumstances will effect my eligibility, I agree to report this to the Ministry of Social Services, Child Care Subsidy office.

Client Consent

I give my consent to the Ministry of Social Services to obtain and verify information or documents required to confirm my eligibility, or the eligibility of my family members for benefits under the Child Care Subsidy program. I understand information includes income received from any source, employment records, marital status (including common-law relationships), and living arrangements of myself or my family members. I give consent to use my Social Insurance Number and the Health Services Number for myself and all family members for the purposes of administration of the Child Care Subsidy program.

I give my consent to nay ministry, person, or agency having such information or documents to release them upon written or verbal request to employees of the Ministry of Social Services. I understand examples include, but are not restricted to, information or documents from: the Ministry of Education, Advanced Education, Employment and Labour, Human Resources and Skills Development Canada (Employment Insurance), Workers' Compensation Board, Saskatchewan Government Insurance, any bank, credit union or other financial institution, any landlord and past employers.

I give consent to the Ministry of Social Services to disclose my information to third parties where the information is necessary to verify and confirm my eligibility for benefits or to assist in providing additional benefits. I understand third party examples include, but are not restricted to the Ministry of Education, Advanced Education, Employment and Labour and other social assistance programs.

I give my consent to the Ministry of Social Services to advise my child care facility that my subsidy benefits have been placed on hold. I understand this information may be shared with the facility as my benefits are paid directly to the child care facility on my behalf.

Signature of Applicant

Signature of Spouse/Common-law

Date |_____| |_____| |_____|
Year Month Day

Home telephone number

Please be sure address section has been completed correctly on Page 1
