

#### Human Services

10 Peel Centre Dr. Suite B PO Box 2136, STN B Brampton, ON L6T 0E3 fax: 905-861-9079 tel: 905-791-1585

peelregion.ca

<Date>

«Name» «Street» «City», ON «Postal\_Code»

#### **CHILD CARE SUBSIDY ANNUAL REVIEW**

It's time to update your subsidy information to see if you are still eligible. The list of information we need from you is on the attached Required Documents list and must be sent to us by **<Date>** 

If you do **not** send in this information, you will not be eligible for and you will have to pay the full amount of your child care fees directly to the child care program effective **<Date>**.

Submit the attached cover page together with all your documents in one package. Documents may be submitted using one of the following methods:

Email	Send directly to your Children's Services Worker:	Note that emails are not secure and anything sent over the internet may be intercepted or manipulated and retransmitted				
Fax	905-450-5757	905-861-9079				
Mail	Brampton Office 10 Peel Centre Drive P.O. Box 2136, STN B Brampton, ON L6T 0E3	Mississauga Office 7120 Hurontario Street P.O. Box 3600, RPO Streetsville Mississauga, ON L5M 0T3				
	Please do not enter the building, a se building	cure drop box is located outside of the				
Drop Off	Brampton Office 10 Peel Centre Drive, Suite B Drop box is outside Suite B	Mississauga Office 7120 Hurontario Street Drop box is to the left of the front doors				

Once your documents are reviewed, your Children's Services Worker will contact you to let you know if you are eligible for subsidy.

If you have any questions about this letter, please call 905-791-1585 X 1810.

Sincerely,

Administrative Service Representative Early Years and Child Care Services



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# **Cover Sheet**

Complete and attach this sheet to the front of your documents.

## Instructions:

- Submit your documents together in one package. Any missing documents or forms may result in termination of your subsidy.
- Complete and sign all attached forms:
  - o Consent to Disclose and Verify Information
  - Consent to Communicate by Email
- Label all documents with your Client ID

Attention: Child Care Subsidy Annual Review

Client ID:

Children's Services Worker:



## **Required Documents List**

Tax Documents	<ul> <li>2021 Notice of Assessment for each parent or 2021 Canada Child Benefit Notice (seelinked samples)</li> <li>If you don't have these documents, please contact Canada Revenue at 1-800-959-8281 (NOA) or 1-800-387-1193 (CCB).</li> </ul>
Identification	Please provide one of the following for each family member:  Canadian Birth Certificate or Certified Registration of Birth Canadian Passport Canadian Citizenship Card or Canadian Citizenship Certificate (front and back) Permanent Resident Card (front and back) Refugee Protection Claimant Document and Work Permit or Study Permit Notice of Decision and Work Permit or Study Permit
Proof of Address	Please provide one of the following:  • Lease • Mortgage Statement • Rental Verification form
Family Status or Family Composition –if you are applyingor receiving child care subsidy as a one parent family	Please provide the following:  Birth certificate with parental information for each childand  One of the following documents depending on your family status**:  Court order stating decision-making responsibility/custody and/or living arrangements, parenting time/access, support, and any other court documents (ifapplicable) Examples: endorsement, affidavit  Domestic Contract or Separation Agreement or Paternity Agreement stating decision- making responsibility or custody or living arrangements, parenting time or access, and support, where the signatures of both parties are notarized or witnessed by the lawyer for each party  Divorce documents such as Divorce Order or Divorce Certificate  Mediation Report  Restraining Order or other verification of family violence  Proof of a sperm donor  Death Certificate  Proof of legal guardianship  **Please note:  If you cannot provide one of the documents on the list, Regional staff will discussother options with you.  We may also ask you for additional information at any time if it is needed to assessyour family composition.



## **Required Documents List Continued...**

Reason for Care Information must be provided for each parent on the application									
If you are	Required Documents								
Working	2 most recent consecutive pay slips								
Returning to work or recently returned to work and have not yet received pay slips	A letter of employment confirming your start or return to work date, the days and hours you will be working and rate of pay or salary								
Attending college/university	Provide one of the following:  Confirmation of Enrolment or OSAP Assessment Summary confirming the name of the program, the start and end date of the semester and if it is part time or full time and a copy of your timetable  Confirmation of College/University Registration form signed and stamped by your school and a copy of your timetable								
Attending high school	The Confirmation of School Registration and Confirmation of School     Attendance forms, completed by a school official								
Self-employed with a sole proprietorship	<ul> <li>Master Business Licence</li> <li>Most recent T1 including Schedule 2125 (Statement of Business and Professional Activities)</li> <li>The <u>Self Employment Declaration</u> (if your business has been openless than one year)</li> </ul>								
Self-employed with an incorporated business	<ul> <li>Certificate of Incorporation or Articles of Incorporation</li> <li>Most recent T2 including Schedule 50 and Schedule 125</li> <li>Most recent Corporate Income Tax Assessment</li> <li>The <u>Self Employment Declaration</u> (if your business has been open less than one year)</li> </ul>								
Not working due to a medical condition	Have your doctor complete the <u>Documentation of Medical Needs and Exceptional Circumstances form</u>								

## Forms to Sign

- Consent to Communicate by Email (attached)
- Consent to Disclose and Verify Information (attached)



## **Human Services Consent to Communicate by Email**

The Region of Peel's Human Services Department requires complete and accurate contact information to communicate with you about your case file.

Use this form to provide the Region of Peel's Human Services Department with your email address. This will be the **ONLY** email address that the Human Services Department will use to receive or provide information to you about your case file.

Program		hild ( ubsid							ısin idy	_		0	ntaı	rio \	Νo	rks			Ot	her		
Client's Name													Te	leph	one	Nu	mbe	r				
Client Number (member ID, File Number)																						
Address																						
Email Address																						
Confirm Email A	Confirm Email Address																					
□ <b>I consent</b> to being contacted by email at this email address. I acknowledge that sending email over the Internet is not secure, in that it can be intercepted and/or manipulated and retransmitted.																						
Client Signature	Client Signature: Date																					

## Notice with Respect to the Collection of Personal Information

(Municipal Freedom of Information and Protection of Privacy Act)

This information collected under the legal authority of the *Child Care and Early Years Act, 2014*; *Housing Services Act, 2011*; *Ontario Works Act, 1997* and regulations thereafter; for the purpose of administering Government of Ontario social assistance, childcare fee subsidy, and housing subsidy programs. For more information contact Claudia Saldias: Human Services Privacy Lead at (905) 791-7800 ext. 8984 at the Region of Peel.



# Consent to Disclose and Verify Information Child Care Fee Subsidy

1.	I,(Name of Applicant 1	for Child Care Fee Subsi	dy under the Child Care and Earl	y Years Act, 2014)
	an authorized repres for the purpose of de	sentative of the Regio	ure of information by, and th mal Municipality of Peel, Hu g my initial, ongoing or past	man Services Department
2.	the Regional Munici personal information	pality of Peel's collect pertaining to me/my	ity of the consent in section ion, use and disclosure of the child(ren) for the purpose of illd Care Fee Subsidy and a	ne following types of f determining or verifying
	<ul><li>income</li><li>employment</li><li>education</li><li>training</li><li>medical</li></ul>		<ul><li>residency</li><li>custody</li><li>marital status</li><li>family composite</li><li>immigration state</li></ul>	sition
3.	Region of Peel's col parties including but Delivery Agents, Ho the Regional Munici the Ministry of Comr Ontario Consolidate Catholic District Sch of the foregoing for t	lection, use and discle not limited to employ using Service Manage pality of Peel, the Car munity and Social Ser d Municipal Service N ool Board, Day Care the purpose of determ	generality of the consent in osure of my personal inform vers, education and training ers, referring agencies, Chile nada Revenue Agency, the vices, the Ministry of Educa Managers, Peel District Scho Centres, or any agency, mir nining or verifying my initial, ng my Child Care Fee Subs	ation to and from third institutions, Ontario Works d Care Service Providers, Government of Canada, tion, the Government of bol Board, Dufferin Peel histry or department of any ongoing or past eligibility
perta	•	,	ent; I have had an opportun ure and purpose of this con	•
Sign	ature of Applicant 1			
Date	ed at:	, this	day of	, 20
Sign (v	ature of Applicant 2 where applicable)			
•	ed at:	. this	Day of	. 20



## Consent to Disclose and Verify Information Child Care Fee Subsidy

#### **Notice with Respect to the Collection of Personal Information**

Personal information is being collected by the Regional Municipality of Peel, Service System Manager, under the legal authority of the *Child Care and Early Years Act, 2014* and regulations thereunder, for the purpose of determining and verifying initial, ongoing and past eligibility for Child Care Fee Subsidy and to administer the delivery of child care fee subsidy program in the Regional Municipality of Peel. Any questions regarding this collection may be directed to Supervisor, Early Years and Child Care Services, Region of Peel, 10 Peel Centre Drive, Suite B, P.O. Box 2136 STN B, Brampton, ON L6T 0E3, by mail or telephone at 905-791-1585.