

Instructions:

To qualify for this referral, the applicant must:

- be in a shelter now or within the last month or receiving shelter outreach supports
- have an approved reason for care such as work or school, or
- have a special circumstance such as:
 - child(ren) with special needs
 - social need
 - medical need or in receipt of Ontario Disability Support Program (ODSP)

The following documents must be attached to this referral:

- identification for all family members
- most recent Notice of Assessment
- if working: Letter of Employment and 2 most recent paystubs, or,
- if in school: Enrollment confirmation
- read the [Child Care Subsidy Parent Agreement](#) so you know all of your responsibilities while you are receiving subsidy, and,
- complete and sign the [Consent to Disclose and Verify Information](#).

If a special circumstance applies, contact [Child Care Subsidy](#) for requirements.

If applicant is receiving assistance from the Ontario Works program, please contact their Ontario Works Caseworker.

Applicant

Date Arrived at Shelter _____		Date Leaving the Shelter _____	
<input type="checkbox"/> Armagh House – Mississauga	<input type="checkbox"/> Family Life Centre – Brampton		
<input type="checkbox"/> Angela's Place – Mississauga	<input type="checkbox"/> Peel Family Shelter – Mississauga		
<input type="checkbox"/> Interim Place I – Mississauga	<input type="checkbox"/> Region of Peel Housing Supports		
<input type="checkbox"/> Interim Place II – Mississauga (Malton)	<input type="checkbox"/> Other _____		
Applicant Name _____		Date of Birth _____	
Relationship to Child _____			
Address _____	Unit _____	City _____	Postal Code _____
Phone Number (where applicant can be contacted within 2 business days) _____			
Email Address _____			
Childcare Provider _____		Preferred Start Date _____	
Applicant Reason for Care		<input type="checkbox"/> Working	<input type="checkbox"/> In school/training program
(Note: Verification of reason for care will be required)		<input type="checkbox"/> Other – please explain _____	
Is applicant receiving assistance from Ontario Works (OW) or Ontario Disability Support Program (ODSP)?		<input type="checkbox"/> Yes <input type="checkbox"/> OW	<input type="checkbox"/> No <input type="checkbox"/> ODSP

Children

	Child's Name	Date of Birth			Special Needs Y/N
		Day	Month	Year	
1					
2					
3					
4					
5					

Referral Source

Shelter Worker _____

Telephone Number _____ Ext. _____

Shelter Worker Signature _____

Next Steps

Email completed referral to: zzg-ccachildcarereferrals@peelregion.ca

- A Children's Services Worker will contact the applicant within 2 business days to review required documents and complete appointment.
- The applicant can review [Required Documents](#) online

Notice with Respect to The Collection of Personal Information (Municipal Freedom of Information and Protection of Privacy Act)

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.