



Child Care Subsidy Program

Please read either Policy [AD 39](#) or [AD40](#) before completing this form.

Instructions: Please thoroughly review, complete, and sign the Child Care Subsidy Application package, (and include all applicable documentation) and return to the program representative. For questions regarding application, please call the County office at (780) 864-3760.

Saddle Hills County understands the expenses associated with returning to work with young children and is subsidizing eligible families to make it worthwhile for its residents to return to work. The Child Care Subsidy Program is managed within either of two programs: the Resident Program or the Non-Resident Employee Program. Please ensure your review Policy AD39 and Policy AD40 to determine your eligibility.

General Program Criteria

1. The subsidy is paid on a per hour per child basis up to the monthly cap rate, as per the Master Rates Bylaw.
2. It is the Child Care Provider's responsibility to provide the "Hours of Care" by day, the "Total Hours of Care" for the claim period and the "Total Receipt for Care Amount Received by the Child Care Provider".
3. It is Child Care Provider's responsibility to sign and date a new "Receipt for Care Summary" form for each Claim Period.
4. It is the Child Care Provider's responsibility to report earnings in accordance with the Canada Revenue Agency.
5. Childcare can be provided within or outside of the County's boundaries by either public or private Child Care Providers.
6. The Child Care Provider can be a relative, as long as they are not a parent, guardian, or sibling residing in the same home as the child.
7. County residents operating as Child Care Providers can receive the subsidy for their own eligible children, but only for as many **total hours** that they care for other eligible children.

The current rates that have been set as per the Master Rates Bylaw are as follows:

\$3.10/hour/child up to a maximum of \$520/month/child

All Child Care Providers and children must be on the Applicant's file to approve monthly "Receipt for Care Summary" forms. Additional Child Care Providers or children may be added by completing a separate "Additional Child Care Provider" or "Additional Child" form.

Child Care Subsidy Program Procedure:

1. All new applicants will be contacted by the Child Care Subsidy Program Representative to complete the subsidy application process.
2. Once the application is filled out and approved, the applicant can begin recording childcare hours on the approved Receipt for Care Summary forms.
3. Required Receipt for Care form must be signed by the Child Care Provider and applicant before submission to the Child Care Subsidy Representative. Submissions are **due on or before the 5th** of the following month. Please note that forms submitted late will **not** be processed if the claim summary information has been forwarded to the Payroll Coordinator already, and claims will **not** be carried over to the following month.
4. Monthly claims will be processed by the Payroll Coordinator for direct deposit payment only on the 15th of the month.

Section 1: Applicant Information

Have you applied for the Saddle Hills County Child Care Subsidy before?

- ☐ Yes
☐ No

Date that you require childcare from *

Applicant Birthdate *

Social Insurance Number ?

Email Address

Street (Mailing) Address *

Province *

Rural Address

Reason for care (Check all that apply) *

- ☐ Working
☐ Attending School (part/full time)
☐ Other

Date of Previous Application *

Applicant name *

Marital Status *

- ☐ Common Law
☐ Single
☐ Married
☐ Divorced/Separated
☐ Cohabiting Partner
☐ Widow(er)

Password for Electronic Paystubs ?

Phone Number *

Municipality *

Postal Code *

Legal Land Location

*Unpaid work or volunteering are not deemed eligible for care.

Please Specify *

Employment Status *

- ☐ Permanent Full-Time
- ☐ Part-Time
- ☐ Self Employed (farming, commercial or home-based business)
- ☐ Temporary*

***If you checked 'Self-Employed' please indicate the type of self-employment ***

- ☐ Farming
- ☐ Commercial
- ☐ Home-Based

***If you checked 'Temporary' above, please indicate length of contract**

Place(s) of Work/School *

Contact Number of Work / School *

Please include proof of employment from your employer, which includes estimated hours of work per month. For self-employed farm work, please attach a list of all legal land locations and the type of work that may be done at that location.

Name of Childcare Provider *

Childcare Provider's Phone Number *

Childcare Provider's Address (Legal Land Location and or Civic or Rural Address *

Childcare Provider's Email Address *

Relationship of Childcare Provider to Child (if applicable)

Section 2: Co-Applicant Information

Do you have a Co-Applicant applying with you?

- ☐ Yes
☐ No

Co-Applicant's Birthdate *

Phone Number

Municipality *

Postal Code *

Legal Land Location

*Unpaid work or volunteering are not deemed eligible for care.

Please Specify *

Please indicate the type of self-employment *

- ☐ Farming
☐ Commercial
☐ Home-Based

Please indicate length of temporary contract

Place(s) of Work/School *

Co-Applicant's Name *

Email Address

Street (Mailing) Address *

Province *

Rural Address

Reason for care (Check all that apply) *

- ☐ Working
☐ Attending School (part/full time)
☐ Other

Employment Status

- ☐ Permanent Full-Time
☐ Part Time
☐ Self Employed
☐ Temporary

Contact Number of Work/School *

Please include proof of employment from your employer, which includes estimated hours of work per month. For self-employed farm work, please attach a list of all legal land locations and the type of work that may be done at that location.

Self-Employed Applicant Information

Saddle Hills County is committed to assisting its residents and employees in obtaining affordable child care services. Saddle Hills County understands the expenses associated with returning to work with young children, and is subsidizing eligible families to make it worthwhile for its residents to return to work. All Applicants who have signed the SHC Annual Application or Renewal for Child Care Subsidy Program application acknowledge the following:

-I hereby authorize employees at my business to release and disclose information to Saddle Hills County, and consent to the release and disclosure any requested employment information, which may not be limited to information that identifies myself, **confirms my attendance at my place of work or place of school, and details of my hours of work**. This information will be relevant to and used for the purpose of determining, verifying, or auditing our eligibility for child care subsidy and collection of overpayments of subsidy.

-If you are operating a **home-based business**, please provide details of this business (type, name of company if applicable).

-If you are a **self-employed farmer** please provide a list of the daily activities that you do on the farm for each day you are claiming care.

-Submitting false or misleading information to the County may constitute an offence, and the County may refer any such matters to the RCMP for investigation.

All self-employed applicants that own commercial businesses, work from home or on the farm, require a "Self Employed Applicant Detail" form to be completed and included with each monthly claim. This form can be found in the Childcare Subsidy Policy (AD40).

Part 3: Child Information

This form contains three fillable pages for information on the children who will be benefiting from this subsidy. If there are more than three children you are applying for, please use the "Additional Child Care Provider or Children" form to add the necessary information.

Number of Eligible Children * 

Will you be acting as a child care provider for children other than your own?

- ☐ Yes
☐ No

How many children other than your own will you be caring for? *

Please type the names and contact information of the legal guardians of all the children you will be caring for (who are not your own). *

Child information (1)

Please attach a copy of your child's Birth Certificate

Child's Name *

Child's Birthday

Name of Child Care Provider

Address

Legal Land Location

Rural Address

Phone Number *

Email Address

Relationship of Child Care Provider to Child

Estimated monthly hours of care need *

Estimated monthly cost of care *

Start Date

Will there be another child who this application applies to? *

- ☐ Yes
☐ No

Child information (2)

Please attach a copy of your child's Birth Certificate

Child's Name

Child's Birthday

Name of Child Care Provider

Address

Legal Land Location

Rural Address

Phone Number

Email Address

Relationship of Child Care Provider to Child

Estimated monthly hour of care need

Estimated monthly cost of care *

Start Date

Will there be another child who this application applies to? *

- ☐ Yes
☐ No

Child information (3)

Please attach a copy of your child's Birth Certificate

Child's Name *

Child's Birthday

Name of Child Care Provider

Address

Legal Land Location

Rural Address

Phone Number *

Email Address

Relationship of Child Care Provider to Child

Estimated monthly hour of care need *

Estimated monthly cost of care *

Start Date

Will there be another child who this application applies to? *

- ☐ Yes
☐ No

[Click here to open the form to fill out additional child information.](#) Complete the current form first, then navigate to the second form to complete additional child information.

Applicant Declaration and Acknowledgement

I understand that giving false or incomplete information or not advising of any change in circumstances may result in termination or suspension of subsidy and the requirement to repay Saddle Hills County for subsidy I have received.

- I understand I may only claim hours of care solely for work related purposes and Saddle Hills County has the right to verify hours claimed by contacting your employer and/or childcare provider to access any supporting documentation Administration may need. Any recreation, leisure or other activities unrelated to work cannot be claimed under either Policy AD 39 or AD 40.

- I understand and agree that the information I provide on the application form may be verified by a representative of Saddle Hills County at any time.

- I will advise Saddle Hills County immediately of any changes in employment, educational, personal, family, or other circumstances that will affect my eligibility for childcare subsidy.

- I understand that I may be required to provide additional supporting documentation or information to confirm my initial and continuing eligibility for childcare subsidy. I understand that Saddle Hills County may initiate an investigation relating to my eligibility for childcare subsidy.

- I understand and agree that relevant personal information may be shared with the Childcare Provider I have chosen for the care of my child(ren), including information to identify myself, my children, our home address, the amount of subsidy we are eligible to receive, and the subsidy period.

- I hereby authorize the Childcare Provider I have chosen for my child(ren) to release and disclose information to Saddle Hills County, and consent to the release and disclosure of such information ("Child Care Provider Information"). Childcare Provider information shall include but is not limited to information that identifies myself and my child(ren), my child(ren)'s attendance at the Childcare Provider, hours of care provided to my child(ren) during claim periods, and payments received by the Childcare Provider with respect to same. This information will be relevant to and used for the purpose of determining, verifying, or auditing our eligibility for childcare subsidy and collection of overpayments of subsidy.

- Submitting false or misleading information to the County may constitute an offence, and the County may refer any such matters to the RCMP for investigation.

- I understand and agree that any failure by the Childcare Provider to release and disclose any information requested by Saddle Hills County, or any other failure to comply with the requirements of this Program, may result in the County denying payment and/or a loss of eligibility for the subsidy.

- I hereby authorize my place of work and place of school to release and disclose information to Saddle Hills County, and consent to the release and disclosure of such information ("Employment and Education Information"). Employment and Education Information shall include but is not limited to information that identifies myself, confirms my attendance at my place of work or place of school, and details of my hours of work and enrollment in any program of studies. This information will be relevant to and used for the purpose of determining, verifying, or auditing our eligibility for childcare subsidy and collection of overpayments of subsidy.

- I acknowledge and agree that eligibility for the childcare subsidy shall be determined by, and in the sole discretion of, Saddle Hills County, and that there is no appeal or other recourse from a decision of Saddle Hills

County in this regard.

· I acknowledge and agree that so long as the child(ren) described in this application are eligible for the Saddle Hills County Childcare Subsidy Program, they only qualify for one of the Saddle Hills County Child Care Subsidy Programs as described in Policy AD 39 and Policy AD 40.

· This consent, declaration, and acknowledgement is valid for each calendar year in which the childcare subsidy is requested from or provided by Saddle Hills County.

Applicant Signature

By checking this box, which functions as your legal signature, you confirm that the information provided is as complete and accurate as possible, and that you agree to the terms outlined above *

☐ I understand that checking this box constitutes a legal signature

Notice of Collection

The personal information on this form is being collected for the purpose of determining eligibility for and administering Saddle Hills County's Childcare Subsidy and will be shared with Administration. The information is collected under the authority of Section 146 of the Municipal Government Act and Section 4 of the Protection of Privacy Act. For questions about the collection of personal information, contact admin@saddlehills.ab.ca or call (780) 864-3760.

Please send me a pdf copy of this form

- ☐ Yes
☐ No

Email address for copy of form *