



Saddle Hills County Child Care Subsidy Program Application Package

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:

\$2.50/hour/child up to a maximum of \$420/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.



Childcare Subsidy Application

SECTION 1: APPLICANT INFORMATION		
<input type="checkbox"/> Resident <input type="checkbox"/> Non-resident Employee <input type="checkbox"/> Request for Medical Subsidy		
Have you applied for Saddle Hills County Childcare Subsidy before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Previous Application (if applicable)
Applicant's Last Name	Applicant's First Name	Birthdate (yyyy/mm/dd)
Marital Status (please check one) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Cohabiting Partner <input type="checkbox"/> Widow(er)		
Social Insurance Number		Password for Electronic Paystubs
Email Address	Telephone Number	Cell Phone Number
Mailing Address	Province	Postal Code
Rural Address	Legal Land Location	Municipality
Reason for Care (check as many as apply) <input type="checkbox"/> Working <input type="checkbox"/> Attending School Part-Time or Full-Time <input type="checkbox"/> Other: _____ *Unpaid work or volunteering are not deemed as an eligible reason for care.		Employment Status <input type="checkbox"/> Permanent Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Self Employed : _____ (farming, commercial or home-based business) <input type="checkbox"/> Temporary : _____(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	Childcare Provider's Email Address
Legal Land Location:	Relationship of Childcare Provider to Child (if applicable)
Civic or Rural Address:	

To add another childcare provider to your application, please complete the "Additional Child Care Provider or Children" form

SECTION 2: CO-APPLICANT INFORMATION		
Co-Applicant's Last Name	Co-Applicant's First Name	Birthdate (yyyy/mm/dd)
Email Address	Telephone Number	Cell Phone Number
Mailing Address	Province	Postal Code
Rural Address	Legal Land Location	Municipality
Reason for Care (check as many as apply) <input type="checkbox"/> Working <input type="checkbox"/> Attending School Part-Time or Full-Time <input type="checkbox"/> Other: _____ *Unpaid work or volunteering are not deemed as an eligible reason for care.	Employment Status <input type="checkbox"/> Permanent Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Self Employed : _____ (farming, commercial or home-based business) <input type="checkbox"/> Temporary : _____(length of contract)	
Place(s) of Work /School	Contact Number of Work / School	

SECTION 3: CHILD(REN)'S INFORMATION

Number of Eligible Children: _____

Include only children of the applicant/co-applicant who meet the following criteria:

- a child of a Resident or Non-Resident employee of Saddle Hill County;
- child(ren) prior to being enrolled in Grade 1;
- resides permanently in the same house as the applicant/co-applicant; and
- financially dependent on the applicant/co-applicant.

CHILD 1 - Please provide copy of birth certificate **Birth Certificate Verified**

Child's Last Name	Child's First Name	Child's Birthday (yyyy/mm/dd)
Estimated Hours of Care Needed (Per Month)	Estimated Cost of Care (\$ Per Month)	Start Date (yyyy/mm/dd)

CHILD 2 - Please provide copy of birth certificate **Birth Certificate Verified**

Child's Last Name	Child's First Name	Child's Birthday (yyyy/mm/dd)
Estimated Hours of Care Needed (Per Month)	Estimated Cost of Care (\$ Per Month)	Start Date (yyyy/mm/dd)

CHILD 3 - Please provide copy of birth certificate **Birth Certificate Verified**

Child's Last Name	Child's First Name	Child's Birthday (yyyy/mm/dd)
Estimated Hours of Care Needed (Per Month)	Estimated Cost of Care (\$ Per Month)	Start Date (yyyy/mm/dd)

To add additional children to your application, please complete the "Additional Child Care Provider or Children" form

SECTION 4: RESIDENTS OPERATING AS CHILD CARE PROVIDERS CAN RECEIVE THE SUBSIDY FOR THEIR OWN ELIGIBLE CHILDREN, BUT ONLY FOR THE TOTAL HOURS THAT THEY ARE CARING FOR OTHER ELIGIBLE CHILDREN.

**Only for applicants that are providing childcare services to other residents.*

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

Number of Children in Applicant's Care: _____

Please provide parent's names and phone number for out-of-home children you are caring for:

	Names of Parent or Legal Guardian	Phone Number
1		
2		
3		
4		
5		
6		

SECTION 5: 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 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.

SECTION 6: ADDITIONAL APPLICATION DECLARATION AND ACKNOWLEDGEMENT FOR SELF-EMPLOYED APPLICATIONS

In addition to Section 5 of this application, I declare myself as self-employed and I agree to 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 childcare 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 a home-based business, please provide a list of customers you have provided services for each claim month, along with the date and time of the services.
- 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.

I understand that 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.

NOTICE OF COLLECTION

The personal information collected on this form or otherwise required to be submitted as part of the Child Care Subsidy Program will be managed in accordance with the Freedom of Information and Protection of Privacy Act. The information will be used to determine eligibility for the Child Care Subsidy Program and for the administration and monitoring of the Program, including as specifically set out below. If you have any questions about the collection, use, or disclosure of this information, contact the Child Care Subsidy Program Representative at (780) 864-3760.

Did you include the following documents with your application?

- Birth Certificates for all eligible children**
- Direct Deposit form from your bank or VOID cheque**
- Verification of employment? (i.e. signed letter from employer, employment contract or an email from an employer)**
- Verification of farm status through CRA or Alberta Farm Fuel number (self-employed farmer only)**
- Verification of business ownership through Business Registration/GST number, or certificate of incorporation (self-employed only)**
- Signed doctor's note which includes treatment overview and duration of treatment (medical only)**

I/we declare that I/we understand the information on this application and provide my/our signature(s) as consent.

Applicant Name	Applicant Signature	Date (yyyy/mm/dd)
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Co-Applicant Name	Co-Applicant Signature	Date (yyyy/mm/dd)
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Staff Name	Staff Signature	Date (yyyy/mm/dd)
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Additional Childcare Provider or Additional Child Form

APPLICANT INFORMATION		
Applicant's Last Name	Applicant's First Name	
ADDITIONAL CHILD CARE PROVIDER		
Name of Childcare Provider	Childcare Provider's Phone Number	
Childcare Provider's Address	Childcare Provider's Email Address	
Legal Land Location:	Relationship of Childcare Provider to Child (if applicable)	
Civic or Rural Address:		
ADDITIONAL CHILD 1 - Please provide copy of birth certificate		<input type="checkbox"/> Birth Certificate Verified
Child's Last Name	Child's First Name	Child's Birthday (yyyy/mm/dd)
Estimated Hours of Care Needed (Per Month)	Estimated Cost of Care (\$ Per Month)	Start Date (yyyy/mm/dd)
ADDITIONAL CHILD 2 - Please provide copy of birth certificate		<input type="checkbox"/> Birth Certificate Verified
Child's Last Name	Child's First Name	Child's Birthday (yyyy/mm/dd)
Estimated Hours of Care Needed (Per Month)	Estimated Cost of Care (\$ Per Month)	Start Date (yyyy/mm/dd)

ADDITIONAL CHILD 3 - Please provide copy of birth certificate		<input type="checkbox"/> Birth Certificate Verified
Child's Last Name	Child's First Name	Child's Birthday (yyyy/mm/dd)
Estimated Hours of Care Needed (Per Month)	Estimated Cost of Care (\$ Per Month)	Start Date (yyyy/mm/dd)

I/we hereby agree that the additional childcare provider/additional child shall be subject to the same terms and conditions I/we agreed to as set out in the Application for Child Care Subsidy.

I/we declare that I/we understand the information on this application and provide my/our signature(s) as consent.

Applicant Name	Applicant Signature	Date (yyyy/mm/dd)
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Co-Applicant Name	Co-Applicant Signature	Date (yyyy/mm/dd)
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Staff Name	Staff Signature	Date (yyyy/mm/dd)
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SELF-EMPLOYED APPLICANT DETAIL FORM

Applicant's Name: _____

Claim Period (month/year): _____

PART I: SELF-EMPLOYED APPLICANT DETAIL CALENDAR

DAY OF THE MONTH	BRIEF DESCRIPTION OF WORK DONE	HOURS OF WORK	CUSTOMER WORK BEING DONE FOR	CHILD CARE PROVIDER FOR THE DAY	HOURS OF CHILD CARE
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
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22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					
31.					

PART II: APPLICANT DECLARATION

I declare that the above information is true and complete. I understand that Saddle Hills County may verify the information on this form. 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. 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.

Applicant Name	Signature	Date (yyyy/mm/dd)