

Based on legislation¹, it is generally expected that all parents will apply together for subsidy, meaning all parents must meet the eligibility criteria to determine parental contribution.

Fill out this declaration to confirm your family status and eligibility for Child Care Subsidy.

I, _____ dated at: _____ on: _____
[First name and last name] [city or town] [date]

declare all information on this form to be true.

1. Other Parent's Information

Fill out sections 3 and 4 only if you require space for additional other parents.

- a) Name of other parent:
- b) Birthdate of other parent:
- c) The other parent is the parent of the following child(ren):

Name of Child	Date of birth	Does child require care?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

- d) What is the Other Parent's relationship with the child(ren)? Choose an item.
Settled Intent is when a person has shown intention to treat a child as a member of his or her family, are living together and has a strong relationship with the child.

- e) The other parent has Choose an item. custody.

- f) My current relationship with the other parent is (check **all** that apply):
 - Married Separated Not in a relationship
 - Living Common-Law Divorced Never in a relationship
 - Widowed Co-parenting

- g) Do you live with the other parent of this child? Yes No

- h) Address and phone number of other parent if known:

i) I share expenses with the other parent such as:

- | | | | |
|----------------|--|-------------|--|
| Mortgage/Rent | <input type="checkbox"/> Yes <input type="checkbox"/> No | Child Care | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Utilities | <input type="checkbox"/> Yes <input type="checkbox"/> No | Health care | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Vehicle costs | <input type="checkbox"/> Yes <input type="checkbox"/> No | Dental care | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Credit card(s) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

j) I co-own assets, with the other parent such as:

- | | | | |
|---------------|--|-------------|--|
| Bank Accounts | <input type="checkbox"/> Yes <input type="checkbox"/> No | Investments | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Businesses | <input type="checkbox"/> Yes <input type="checkbox"/> No | Property | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Vehicles | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

k) The other parent and I share:

- | | | | |
|----------------|--|--------------------------|--|
| Car Insurance | <input type="checkbox"/> Yes <input type="checkbox"/> No | Pension Plan | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Life Insurance | <input type="checkbox"/> Yes <input type="checkbox"/> No | Last Will, and Testament | <input type="checkbox"/> Yes <input type="checkbox"/> No |

l) The other parent and I are known as spouses by:

- | | | | |
|--|--|------------------|--|
| Family/friends | <input type="checkbox"/> Yes <input type="checkbox"/> No | Place of worship | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Daycare | <input type="checkbox"/> Yes <input type="checkbox"/> No | Police | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| School | Yes <input type="checkbox"/> No | | |
| Agencies such as Bank, Doctor, Children’s Aid Society, and Housing Authority | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

m) I have a legal or notarized document such as a court order, separation agreement, divorce document, or mediation report that shows the current situation between myself and the other parent. Yes No

If you answered **Yes**, please provide a copy to your Children’s Services Worker.

2. List all adults living at your current address:

Name	Relationship to Me	Effective Date of Co-residency (yyyy-mm-dd)

Complete section 3 and 4 only if your children have other parents in addition to what you listed in section 1. If there are no other parents, proceed to section 5, page 6.

3. Other Parent’s Information

- a) Name of other parent:
- b) Birthdate of other parent:
- c) The other parent is the parent of the following child(ren):

Name of Child	Date of birth	Does child require care?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

- d) What is the Other Parent’s relationship with the child(ren)?
Settled Intent is when a person has shown intention to treat a child as a member of his or her family, are living together and has a strong relationship with the child.

e) The other parent has _____ custody.

- f) My current relationship with the other parent is (check **all** that apply):

<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Not in a relationship
<input type="checkbox"/> Living Common-Law	<input type="checkbox"/> Divorced	<input type="checkbox"/> Never in a relationship
<input type="checkbox"/> Widowed	<input type="checkbox"/> Co-parenting	

g) Do you live with the other parent of this child? Yes No

h) Address and phone number of other parent if known:

- i) I share expenses with the other parent such as:

Mortgage/Rent	<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Care	<input type="checkbox"/> Yes <input type="checkbox"/> No
Utilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Health care	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle costs	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dental care	<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit card(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No		

j) I co-own assets, with the other parent such as:

- | | | | |
|---------------|--|-------------|--|
| Bank Accounts | <input type="checkbox"/> Yes <input type="checkbox"/> No | Investments | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Businesses | <input type="checkbox"/> Yes <input type="checkbox"/> No | Property | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Vehicles | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

k) The other parent and I share:

- | | | | |
|----------------|--|--------------------------|--|
| Car Insurance | <input type="checkbox"/> Yes <input type="checkbox"/> No | Pension Plan | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Life Insurance | <input type="checkbox"/> Yes <input type="checkbox"/> No | Last Will, and Testament | <input type="checkbox"/> Yes <input type="checkbox"/> No |

l) The other parent and I are known as spouses by:

- | | | | |
|--|--|------------------------------|--|
| Family/friends | <input type="checkbox"/> Yes <input type="checkbox"/> No | Place of worship | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Daycare | <input type="checkbox"/> Yes <input type="checkbox"/> No | Police | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| School | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Agencies such as Bank, Doctor, Children’s Aid Society, and Housing Authority | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

m) I have a legal or notarized document such as a court order, separation agreement, divorce document, or mediation report that shows the current situation between myself and the other parent. Yes No

If you answered **Yes**, please provide a copy to your Children’s Services Worker.

4. Other Parent’s Information

a) Name of other parent:

b) Birthdate of other parent:

c) The other parent is the parent of the following child(ren):

Name of Child	Date of birth	Does child require care?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

d) What is the Other Parent’s relationship with the child(ren)?

Settled Intent is when a person has shown intention to treat a child as a member of his or her family, are living together and has a strong relationship with the child.

e) The other parent has _____ custody.

f) My current relationship with the other parent is (check **all** that apply):

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Married | <input type="checkbox"/> Separated | <input type="checkbox"/> Not in a relationship |
| <input type="checkbox"/> Living Common-Law | <input type="checkbox"/> Divorced | <input type="checkbox"/> Never in a relationship |
| <input type="checkbox"/> Widowed | <input type="checkbox"/> Co-parenting | |

g) Do you live with the other parent of this child? Yes No

h) Address and phone number of other parent if known:

i) I share expenses with the other parent such as:

- | | | | |
|----------------|--|-------------|--|
| Mortgage/Rent | <input type="checkbox"/> Yes <input type="checkbox"/> No | Child Care | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Utilities | <input type="checkbox"/> Yes <input type="checkbox"/> No | Health care | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Vehicle costs | <input type="checkbox"/> Yes <input type="checkbox"/> No | Dental care | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Credit card(s) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

j) I co-own assets, with the other parent such as:

- | | | | |
|---------------|--|-------------|--|
| Bank Accounts | <input type="checkbox"/> Yes <input type="checkbox"/> No | Investments | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Businesses | <input type="checkbox"/> Yes <input type="checkbox"/> No | Property | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Vehicles | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

k) The other parent and I share:

- | | | | |
|----------------|--|--------------------------|--|
| Car Insurance | <input type="checkbox"/> Yes <input type="checkbox"/> No | Pension Plan | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Life Insurance | <input type="checkbox"/> Yes <input type="checkbox"/> No | Last Will, and Testament | <input type="checkbox"/> Yes <input type="checkbox"/> No |

l) The other parent and I are known as spouses by:

- | | | | |
|--|--|--|--|
| Family/friends | <input type="checkbox"/> Yes <input type="checkbox"/> No | Place of worship | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Daycare | <input type="checkbox"/> Yes <input type="checkbox"/> No | Police | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| School | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Agencies such as Bank, Doctor, Children’s Aid Society, and Housing Authority | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

m) I have a legal or notarized document such as a court order, separation agreement, divorce document, or mediation report that shows the current situation between myself and the other parent. Yes No

If you answered **Yes**, please provide a copy to your Children’s Services Worker.

5. Acknowledgement of provided information. Please check Yes or No

I understand that:

- a) The information I provided in this Declaration is being used to decide my initial and ongoing eligibility for child care subsidy and to deliver the child care subsidy program under the *Child Care and Early Years Act, 2014*. Yes No
- b) I will tell my Children’s Services Worker within 2 weeks of any change in the information provided in this declaration, as outlined in the [Child Care Subsidy Parent Agreement](#). Yes No
- c) If I do not provide my Children’s Services Worker with up-to-date information, I hold back information or I knowingly provide false information: Yes No
- I may be found to be ineligible for Child Care Subsidy
 - My subsidy may end immediately
 - I may have an overpayment that I will need to repay to the Region, and/or
 - Legal action may be taken.
- d) The Region of Peel has permission to collect information about me from other sources to verify my initial, ongoing, or past eligibility, under the Child Care and Early Years Act, 2014, section 71(1). Yes No

DISCLAIMER: By typing your name below, you are signing this application electronically. You agree that your electronic signature is legally the same as your written signature on this form.

Applicant Signature

Date

Notice with Respect to the Collection of Personal Information

(Municipal Freedom of Information and Protection of Privacy Act)

This information is being collected under the legal authority of the Child Care and Early Years Act, 2014, and thereafter; for the purpose of administering Government of Ontario child care subsidy. For more information contact Privacy Officer: Human Services Privacy Lead at (905) 791-7800 ext. 8984 at the Region of Peel.

Footnotes:

¹: Legislation: Child Care and Early Years Act, Family Law Act.