

Instructions:

To qualify for this referral, the applicant must:

- be in a shelter now or within the last month
- 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, and,
- a completed [Child Care Subsidy Parent Agreement and Consent](#).

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 Working In school /training program

(Note: Verification of reason for care will be required) Other – please explain _____

Is applicant receiving assistance from Ontario Disability Support Program? Yes No
(If yes, the Notice of Assessment is not required)

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

Alternatively, Fax completed referral to:

905-861-9079

- 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.