

## Instructions:

To qualify for this referral, the applicant must:

- not be receiving assistance from Ontario Works (the applicant can speak to their Ontario Works Case Worker who can assist with a child care referral)
- be in a shelter or have left the shelter within a one-month period, and,
- be able to provide their most recent Notice of Assessment (unless applicant is receiving assistance from the Ontario Disability Support Program), and
- have a reason for requiring child care such as working or attending school.

## Applicant

Date Arrived at Shelter \_\_\_\_\_ Date Leaving the Shelter \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> Armagh House – Mississauga<br><input type="checkbox"/> Angela’s Place – Mississauga<br><input type="checkbox"/> Interim Place I – Mississauga<br><input type="checkbox"/> Interim Place II – Mississauga (Malton) | <input type="checkbox"/> Family Life Centre – Brampton<br><input type="checkbox"/> Peel Family Shelter – Mississauga<br><input type="checkbox"/> Region of Peel Housing Supports<br><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?  
 (If yes, the Notice of Assessment is not required)  Yes  No

## 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: [CCA-Childcare Referrals@peelregion.ca](mailto:CCA-Childcare Referrals@peelregion.ca)

Alternatively, Fax completed referral to: 905-861-9079

- The applicant will be contacted by a Children's Services Worker within 2 business days
- The Children's Services Worker will review required documents with applicant and schedule an appointment for applicant's initial interview
- The applicant's required documents must be provided at the initial interview appointment
- The applicant can review the [Required Documents form](#) online (Tip: After clicking on the link, scroll to bottom of the page for Required Documents)

**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.