

## Application to determine eligibility for the reduced contribution

The letters in a square (example: **A**) appearing on this form refer to the list of documents to be attached. It is important to check the boxes on the back of this form that correspond to your situation. You must give the educational childcare provider this form, duly completed and signed, together with each of the documents for which the box has been checked on the back of this form so that a decision can be made as to your eligibility.

### Section 1 – IDENTIFICATION

<b>Parent</b> <i>The holder of parental authority or the person who has custody of the child.</i>					
Last name		First name		Social Insurance Number	
<b>Home address</b>					
Number Street, Avenue, Boulevard, P.O.Box				Apartment	
Town/City, Municipality			Province		Postal code
Telephone number (home)		Area code	Telephone number (work)		Area code Extension
What is your relationship to the child or children?			Are you a Canadian citizen?		
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other			<input type="checkbox"/> Yes <b>A</b> <input type="checkbox"/> No <b>A and B</b>		
<b>If you are submitting an application for more than two children, please use a second form and indicate the child's rank (3rd, 4th, etc.).</b>					
<b>First child</b>			<b>Second child</b>		
Last name			Last name		
First name			First name		
Date of birth		Year	Month	Day	<b>A</b>
Date of birth		Year	Month	Day	<b>A</b>

### Section 2 – CHILDCARE NEEDS

<b>Check (✓) the box that corresponds to your needs.</b>					
<b>First child referred to in this application</b>			<b>Second child referred to in this application</b>		
<input type="checkbox"/> Continuous period from 2 1/2 to 4 hours per day <b>E</b> <input type="checkbox"/> Continuous period of more than 4 hours per day up to a maximum of 10 hours per day			<input type="checkbox"/> Continuous period from 2 1/2 to 4 hours per day <b>E</b> <input type="checkbox"/> Continuous period of more than 4 hours per day up to a maximum of 10 hours per day		
Anticipated date of the first day of daycare		Year	Month	Day	
Anticipated date of the end of daycare (if you know it)		Year	Month	Day	
Anticipated date of the first day of daycare		Year	Month	Day	
Anticipated date of the end of daycare (if you know it)		Year	Month	Day	

### Section 3 – FINANCIAL ASSISTANCE PROGRAMS

**(Aim for Employment Program, Social Assistance Program, Social Solidarity Program under the Individual and Family Assistance Act (chapter A-13.1.1), or Economic Security Program for Cree Hunters)**

**3.1** Do you receive a benefit pursuant to the Aim for Employment Program, the Social Assistance Program or the Social Solidarity Program under the Individual and Family Assistance Act (chapter A-13.1.1) or the Economic Security Program for Cree Hunters?  Yes **C**     No

If you answered **No**, go to **Section 4 – INFORMATION REQUIRED IN THE CASE OF RE-ENROLLMENT**

**Please sign the authorization to release information if you receive benefits under a financial assistance program covered by this section.**

I authorize the Ministère de la Famille to verify, within the context of the reduced contribution exemption, my eligibility for the Aim for Employment Program, the Social Assistance Program or the Social Solidarity Program under the Individual and Family Assistance Act (chapter A-13.1.1) or the Economic Security Program for Cree Hunters.

<b>Parent's signature</b>		<b>Date</b>	Year	Month	Day
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### Section 4 – INFORMATION REQUIRED IN THE CASE OF RE-ENROLLMENT

**4.1** Since September 1 of the reference year, have you benefited from the reduced contribution or, if you are receiving benefits through a financial assistance program covered by Section 3, have you been exempted from the payment of the reduced contribution?  Yes **D**     No

### Section 5 – SIGNATURE

**I declare that the information appearing on this application is accurate and complete.** Please note that under the *Reduced Contribution Regulation*, the parent must immediately notify the educational childcare provider of any change affecting the information and the documents used to establish their eligibility for the reduced contribution or for the exemption from its payment.

<b>Parent's signature</b>		<b>Date</b>	Year	Month	Day
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## LIST OF DOCUMENTS TO BE ATTACHED

Check (✓) the boxes that correspond to your situation according to the letters in a square appearing on the form.

- A** The birth certificate of the parent or, in the case of a parent having Canadian citizenship, any other document establishing Canadian citizenship (citizenship card, certificate of Canadian citizenship, Canadian passport, certificate of a Canadian birth abroad, certificate of Indian status).
- A** The birth certificate of the first child referred to in this application.
- A** The birth certificate of the second child referred to in this application.

**IMPORTANT: Your birth certificate or, if applicable, the document establishing your Canadian citizenship, as well as the birth certificate of your child or children must be submitted to the educational childcare provider. A photocopy, certified as being a true copy of the original by the educational childcare provider, must be kept in the parent's file.**

- B** If you are not a Canadian citizen and if you are unable to provide your birth certificate or that of your children, you will have to make a statement under oath explaining the reasons why you are unable to provide these documents and specifying the date of birth of your child or children, as the case may be. In addition, if you are not a Canadian citizen, please check (✓) the box pertaining to your status in the following table and submit the required documents depending on your status.

### TABLE OF ADDITIONAL DOCUMENTS REQUIRED FROM A PARENT WHO IS NOT A CANADIAN CITIZEN

Permanent Resident	Person authorized to submit an application for permanent residence on site	Foreigners with a status			
		Temporary Worker	Foreign student	Holder of a temporary residence permit	Refugee Person requiring protection Protected person
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required document	Required documents	Required document	Required documents	Required documents	Required documents
Copy of record of landing (IMM-1000)  or  Copy of the permanent resident card  or  Copy of the confirmation of permanent residence issued by Canadian immigration authorities	Copy of the letter issued by Canadian immigration authorities establishing that the person is authorized to submit in Canada an application for permanent residence  and  Copy of the selection certificate issued pursuant to section 3.1 of the Act respecting immigration to Québec	Copy of the work permit issued by Canadian immigration authorities  or  If the foreign national is exempted from the obligation of being the holder of such a permit, copy of the document attesting to his right to be in Canada	Copy of the certificate of acceptance issued pursuant to section 3.2 of the Act respecting immigration to Québec  and  Copy of a letter attesting that the person is receiving a scholarship from the Government of Québec pursuant to the policy applying to foreign students in Québec colleges and universities	Copy of the temporary residence permit, whose codification establishes that it has been issued for the possible granting of permanent residence status  and  Copy of the selection certificate issued pursuant to section 3.1 of the Act respecting immigration to Québec	Copy of the selection certificate issued pursuant to section 3.1 of the Act respecting immigration to Québec  and  Copy of the letter from the appropriate Canadian authority establishing that the person is a refugee or a person requiring protection or a protected person under the Immigration and Refugee Protection Act

- C** Proof that you are receiving benefits pursuant to the Aim for Employment Program, the Social Assistance Program or the Social Solidarity Program under the Individual and Family Assistance Act (chapter A-13.1.1) or the Economic Security Program for Cree Hunters.

- D** An attestation of the daycare services received specifying notably the date when the child begins daycare, the date when daycare services end, and the total number of days of childcare at a reduced contribution which you have benefited from since September 1 of the reference year. If you receive benefits pursuant to the Aim for Employment Program, the Social Assistance Program or the Social Solidarity Program under the Individual and Family Assistance Act (chapter A-13.1.1), or the Economic Security Program for Cree Hunters.

- E** A copy of the daycare agreement signed by the person in charge of a home educational childcare provider, where applicable.

## RESERVED FOR THE ADMINISTRATION

### DECISION OF THE PERMIT HOLDER OR THE HOME EDUCATIONAL CHILDCARE COORDINATING OFFICE

#### Identification

Name of permit holder or home educational childcare coordinating office	Division number
Last name of the home educational childcare provider	First name

#### Decision

- Yes The parent's application is accepted; the parent meets all of the conditions stipulated in the Act or in the Reduced Contribution Regulation.
- No The parent's application is rejected for the following reasons:

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**To be completed if the parent receives benefits under a financial assistance program covered in Section 3 (Aim for Employment Program, Social Assistance Program or Social Solidarity Program under the Individual and Family Assistance Act (chapter A-13.1.1), or Economic Security Program for Cree Hunters)**

The parent is exempted from the payment of the reduced contribution  Yes  No

#### First child referred to in this application

#### Second child referred to in this application

Date when daycare starts Year    Month    Day _____	Date when daycare starts Year    Month    Day _____
Date of the decision Year    Month    Day _____	Date of the decision Year    Month    Day _____
Signature _____	Date Year    Month    Day _____

## RIGHT TO REVIEW

If your application is refused and you feel you have been aggrieved by the decision of a recognized childcare provider or home education childcare coordinating office, you may submit a written request for your file to be reviewed, with a brief summary of the grounds invoked, within 90 days after the date on which you received the decision. Your request should be sent to:

**Direction du soutien à la conformité et à la qualité, Ministère la Famille, 600, rue Fullum, 6th Floor, Montreal (Québec) H2K 4S7.**