PROTECTION OF PRIVACY

Your family's personal information is collected under the authority of *The Community Child Care Standards Act* (Manitoba) and will be used to establish eligibility for subsidy. It is protected under *The Freedom of Information and Protection of Privacy Act (FIPPA)*. Personal health information (if any) is protected under *The Personal Health Information Act (PHIA)*. If you have any questions about the collection of personal information, please call the Subsidy Intake Clerk, at 1-204-945-8195 or 1-877-587-6224.

AUTHORIZATION AND CERTIFICATION

I/we understand that late applications may affect the amount of subsidy to be paid on my/our behalf. I/we remain responsible for all fees until subsidy is approved.

I/we understand that the information provided to Child Care Subsidy will be reviewed and this application may be returned or additional information may be required based upon that review.

In the event of this application being accepted, I/we agree to notify the administering office immediately of any change(s) in my/our circumstances, including any change in residential address, marital status, employment, financial situation, medical or family conditions, and all such other information which may affect my/our benefits or eligibility under *The Community Child Care Standards Act* (Manitoba).

I/we hereby apply for Child Care Subsidy under *The Community Child Care Standards Act* (Manitoba). I/we certify that the information contained in this application for Child Care Subsidy under *The Community Child Care Standards Act* (Manitoba) is true to the best of my/our knowledge and belief. I/we have not concealed or omitted information needed to establish eligibility for Child Care Subsidy under *The Community Child Care Standards Act* (Manitoba).

I/we herby declare that the information contained herein is true and accurate in all respects knowing that it is of the same force and effect as if made under oath pursuant to *The Manitoba Evidence Act*.

I/we understand that if I/we fail to meet with any or all conditions as set out in this application, provide false or misleading information, or fail to pay the required family contribution to a child care facility, I/we can be disqualified from receiving any Child Care Subsidy and shall, upon request by the Government of Manitoba, be required to repay in whole or in part any subsidy paid on my/our behalf related to this or any previous Child Care Subsidy application.

I/we herby authorize any person, agency or organization, including federal, provincial, or municipal government departments, to release to the Minister responsible for *The Community Child Care Standards Act* (Manitoba), or the Minister's representative(s), information required for the purpose of determining or verifying eligibility for Child Care Subsidy under *The Community Child Care Standards Act* (Manitoba). Without restricting the generality of the foregoing, I/we understand this authorization may include requests for information pertaining to my/our marital status, employment, income, assets and resources, medical or family conditions, and benefits received under other programs.

APPLICANT	CO-APPLICANT/SPOUSE
Please print name	Please print name
Signature	Signature
DATE	DATE

CANADA CUSTOMS AND REVENUE AGENCY/CHILD CARE SUBSIDY PROGRAM CONSENT FORM

I authorize Canada Customs and Revenue Agency to release to the Manitoba Department of Families, information from my income tax returns and other taxpayer information. The information will be relevant to, and will be used solely for the purpose of, determining and verifying eligibility for, and the general administration and enforcement of the Child Care Subsidy Program under *The Community Child Care Standards Act* (Manitoba). This authorization is valid for two taxation years prior to the year of signature of this consent, the year of signature, and one taxation year following the year of signature.

	NAME (Please Print)	SOCIAL INSURANCE NUMBER	SIGNATURE	DATE
APPLICANT				
CO-APPLICANT				