

Eligibility

To receive child care subsidy you must meet the following criteria:

1. You must be a resident of BC.
2. You must be one of the following:
 - a Canadian citizen,
 - a Permanent Resident of Canada,
 - a Convention Refugee, or
 - a Person in need of protection.
3. You must have an eligible child care arrangement provided in BC. Eligible child care arrangements include:
 - Licensed (a family home, group child care centre or preschool);
 - Registered Licence-not-required;
 - Licence-not-required;
 - In the Child's Own Home.

For more information on the various types of child care arrangements that may be subsidized, refer to the [Eligible Child Care Arrangements](#). For assistance in locating a licensed child care provider in your community, use the [Child Care Search](#) tool.

4. You and your spouse (if applicable) must have one of the following reasons for needing child care:
 - employed or self-employed;
 - attending an educational institution or enrolled in distance education;
 - seeking employment or participating in an employment-related program (only one parent can be seeking employment);
 - have a medical condition that interferes with your ability to care for your child(ren);
 - have a child attending a licensed preschool;
 - have been referred by a Ministry of Children and Family Development or Delegated Aboriginal Agency social worker.
5. You and your spouse must establish a financial need (if applicable). Proof of income will be required.

Further information is available in the [Frequently Asked Questions for Parents](#). To see if you may be eligible for subsidy, complete the on-line Child Care Subsidy Eligibility Evaluator below:

How To Apply

New applicants for Child Care Subsidy must use the Child Care Subsidy Application. To make the process easier and more successful, please use the [Application Checklist](#).

1. Complete the necessary forms:

- [Child Care Subsidy Application](#) (CF2900)
- [Child Care Subsidy Child Care Arrangement](#) (CF2798)*

*Your Child Care Provider must complete and sign their portion of the form.

These forms are also available by calling 1 888 338-6622 or can be obtained at a [Child Care Resource and Referral](#) office, a [Service BC - Government Agents](#) office, or an [Immigrant Settlement Services Agency](#).

2. You may also be required to complete the following supplementary forms (please see the [Application Checklist](#) for additional details):

- [Child Care Subsidy Special Needs](#) (CF2951)
- [Child Care Subsidy Medical Condition](#) (CF2914)
- [Child Care Subsidy Self Employment](#) (CF2568)
- [Work Search Record](#) (CF2910)

3. Mail or fax all the required documents to:

Child Care Subsidy Service Centre
PO Box 9953 Stn Prov Govt
Victoria, BC V8W 9R3

Fax: 1 877 544-0699

4. After your application has been submitted:

- The Child Care Subsidy Service Centre will review your application to determine whether you are eligible to receive Child Care Subsidy.
- If you are eligible, you and your child care provider will receive an authorization in the mail valid for up to one year, describing the amount of subsidy you are eligible to receive.
- If you are not eligible, you will receive a letter explaining the decision with further information on how you may request a review of this decision.

The Child Care Subsidy Service Centre will contact you if more information is needed.

Rates & Payments

Rates

For maximum subsidy rates please see the attached Child Care Subsidy Rate Table.

Payments

Monthly subsidy payments vary depending on your family's circumstances. The exact amount of your subsidy depends on your family income, family size, the age of your children and the type of child care you choose.

- When child care is provided in either a licensed, registered licence-not required or licence-not-required setting, the child care provider submits a claim form to the Child Care Subsidy Service Centre each month for services provided and receives the payment.
- When child care is provided in the child's own home, the parent submits a claim form to the Child Care Subsidy Service Centre each month for services provided and receives the payment. The parent is responsible for paying the child care provider. The parent may be considered by a number of regulatory agencies (Canada Revenue Agency, WorkSafeBC, etc.) to be an employer.

Please note:

Child care service arrangements and agreements are between the parent and the child care provider. The ministry will not incur financial or other liability for any contractual disagreement between the parent and the child care provider. The ministry will only pay child care subsidy after eligibility has been determined.

Rates and payment information for child care providers are available in the [How to Claim Child Care Subsidy](#) booklet.



TYPE OF CHILD CARE	4 HOURS OR LESS DAILY unless both before and after school care provided		MORE THAN 4 HOURS DAILY or both before and after school care provided	
	\$ Per Day	\$ Per Month	\$ Per Day	\$ Per Month
Subsidy Rates for Licensed Child Care Settings				
Licensed Group and Multi-Age Child Care				
G1 – Group (0 – 18 months)	18.75	375.00	37.50	750.00
G2 – Group (19 – 36 months)	15.90	317.50	31.75	635.00
G3 – Group (37–72 months)	13.75	275.00	27.50	550.00
G4 – Group (73 months and over)	10.38	207.50	20.75	415.00
Licensed Family and In-Home Multi-Age Child Care				
J1 – L Family (0 – 18 months)	15.00	300.00	30.00	600.00
J2 – L Family (19 – 36 months)	15.00	300.00	30.00	600.00
J3 – L Family (37 – 72 months)	13.75	275.00	27.50	550.00
J4 – L Family (73 months and over)	10.38	207.50	20.75	415.00
Licensed Out of School Care (Kindergarten)				
L1 – Kindergarten	13.60	272.00	17.00	340.00
Licensed Preschool				
N1 – (30 months – school entry)	11.25	225.00	-	-
Subsidy Rates for Registered Licence – not – required Child Care Settings				
R1 – RLNR (0 – 18 months)	15.00	300.00	30.00	600.00
R2 – RLNR (19 – 36 months)	15.00	300.00	30.00	600.00
R3 – RLNR (37 – 72 months)	13.75	275.00	27.50	550.00
R4 – RLNR (73 months and over)	10.38	207.50	20.75	415.00
Subsidy Rates for Licence – not – required Child Care Settings				
F1 – LNR (0 – 18 months)	10.95	219.00	21.90	438.00
F2 – LNR (19 – 36 months)	10.10	202.00	20.20	404.00
F3 – LNR (37 months and over)	8.85	177.00	17.70	354.00
Subsidy Rates for Care Surrounding School Day All Child Care Settings Except Child's Own Home				
L2 – Grade 1 and up	8.50	170.00	10.00	200.00
Subsidy Rates for In the Child's Own Home Child Care Setting				
H1 – (1st child – 0 – 18 months)	9.85	197.00	19.70	394.00
H2 – (1st child 18 months and over)	7.95	159.00	15.90	318.00
H3 – (2nd child – 0 – 18 months)	4.95	99.00	9.90	198.00
H4 – (each additional child)	3.68	73.50	7.35	147.00

Renewal Process

1. Your application for child care subsidy is valid for up to one year. Prior to the expiry of this one-year term, you will receive a 'Child Care Subsidy Notice to Renew' and a [Child Care Subsidy Renewal](#) (CF2901) form with instructions.
2. If you wish to renew your application for subsidy, please submit the renewal form and any other required documentation to the [CCSSC](#). Please submit this documentation before your subsidy expires to avoid a break in service.



The personal information collected on this form is under the authority of the Child Care Subsidy Act. The information will be used to determine eligibility for child care subsidy. If you have any questions about the collection, use or disclosure of this information, please call the Child Care Subsidy Service Centre at 1-888-338-6622. Personal information is protected from unauthorized use and disclosure in accordance with the Freedom of Information and Protection of Privacy Act.

SECTION 1 APPLICANT INFORMATION (Please Print)

Form with fields for Applicant's Name, Social Insurance Number, Birth Date, Residential Address, Mailing Address, Preferred Phone, Secondary Phone, and marital status. Includes a section for identification documents with a note: 'NOTE: You are required to submit a photocopy of one (1) piece of government issued identification. The ID must include your photograph, name, birth date and signature.'

APPLICANT'S REASON FOR CHILD CARE

- Employer #1 (submit photocopies of last two pay slips) Start Date: End Date: Hours/Day: Days/Week:
Employer #2 (submit photocopies of last two pay slips) Start Date: End Date: Hours/Day: Days/Week:
Self-Employed (submit Self-Employment form) Start Date: End Date: Hours/Day: Days/Week:
Participating in Employment-Related Program (submit proof of participation) Start Date: End Date: Hours/Day: Days/Week: Training Program Name:
Attending School (submit proof of registration) Start Date: End Date: Hours/Day: Days/Week: Institution Name:
Seeking Employment (you may be asked to prove you are looking for work) Hours/Day: Days/Week:
A medical condition interferes with your ability to care for your child/children (submit Medical Condition form)
Referred by a Social Worker - child care is arranged or recommended under the Child, Family and Community Service Act (CFCSA)
Child attends preschool

SECTION 2 SPOUSE INFORMATION

Form with fields for Spouse's Name, Social Insurance Number, Birth Date, and marital status. Includes a note: 'NOTE: You are required to submit a photocopy of one (1) piece of government issued identification, which includes your spouse's photograph, name, birth date and signature.'

SPOUSE'S REASON FOR CHILD CARE

- Employer #1 (submit photocopies of last two pay slips) Start Date: End Date: Hours/Day: Days/Week:
Employer #2 (submit photocopies of last two pay slips) Start Date: End Date: Hours/Day: Days/Week:
Self-Employed (submit Self-Employment form) Start Date: End Date: Hours/Day: Days/Week:
Participating in Employment-Related Program (submit proof of participation) Start Date: End Date: Hours/Day: Days/Week: Training Program Name:
Attending School (submit proof of registration) Start Date: End Date: Hours/Day: Days/Week: Institution Name:
Seeking Employment (you may be asked to prove you are looking for work) Hours/Day: Days/Week:
A medical condition interferes with your ability to care for your child/children (submit Medical Condition form)

SECTION 3 APPLICANT AND SPOUSE INCOME

If you are a Foster Parent, receive Child in Home of Relative (CIHR) payments or are caring for a child under the *Child, Family and Community Service Act* (i.e. interim or temporary custody order, or Kith and Kin agreement), you **do not** need to complete this section.

Applicant and Spouse **are not required** to include the following as income: Canada Child Tax Benefit, BC Family Bonus, Universal Child Care Benefit, GST rebates.

Applicant and Spouse **must submit** proof of the following income, and include photocopies of the last 2 pay stubs or income statements for regularly received income, and periodic income such as grants or investment income.

APPLICANT'S INCOME

- Employment Income
- Self-Employment Income (submit Self-Employment form)
- Employment Insurance Benefits
- Income Assistance and Band Assistance
- Worksafe BC
- Federal benefits (CPP, Survivors benefits, CPP disability)
- Training or living allowance
- Grants/bursaries/scholarships (no tuition, books or grants under BC Student Assistance Program)
- Other investments, interest
- Spousal and/or child support received \$ _____/month
- Tips \$ _____/month
- Income from Dependent Adults \$ _____/month
- Income from room/board/suite \$ _____/month
- Income from rental \$ _____/month
- Other Income _____ \$ _____/month

SPOUSE'S INCOME

- Employment Income
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- Income Assistance and Band Assistance
- Worksafe BC
- Federal benefits (CPP, Survivors benefits, CPP disability)
- Training or living allowance
- Grants/bursaries/scholarships (no tuition, books or grants under BC Student Assistance Program)
- Other investments, interest
- Spousal and/or child support received \$ _____/month
- Tips \$ _____/month
- Income from Dependent Adults \$ _____/month
- Income from room/board/suite \$ _____/month
- Income from rental \$ _____/month
- Other Income _____ \$ _____/month

SECTION 4 DEPENDENT CHILDREN THAT REQUIRE CHILD CARE

NOTE: You are required to submit a photocopy of one (1) piece of government issued identification for each dependent child.

DEPENDENT CHILD #1 REQUIRING CHILD CARE (Last, First and Middle)					BIRTH DATE (YYYY/MM/DD)		<input type="checkbox"/> Male		<input type="checkbox"/> Female		
Check all boxes that apply to this child											
<input type="checkbox"/> You receive Child in Home of Relative Assistance for this child (submit proof of CIHR payments)					<input type="checkbox"/> Child has Special Needs (submit Special Needs form)						
<input type="checkbox"/> Foster Child			<input type="checkbox"/> Kith and Kin Child		<input type="checkbox"/> Interim/Temporary Custody Order			<input type="checkbox"/> Ministry designated Young Parent Program child care space			
Does this child attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check <input type="checkbox"/> Kindergarten or <input type="checkbox"/> Grade 1 and up											
Time of Day and Days care required: (check all that apply)											
<input type="checkbox"/> Morning			<input type="checkbox"/> Afternoon		<input type="checkbox"/> Evening		<input type="checkbox"/> Weekend		Time from _____ to _____		
<input type="checkbox"/> Before School			<input type="checkbox"/> After School		<input type="checkbox"/> Saturday		<input type="checkbox"/> Sunday				
Care Provider (Complete a Care Provider form for each Care Provider)				Start Date (YYYY/MM/DD)		End Date (YYYY/MM/DD)		# of Hours/Day		# of Days/Week	# of Days/Month (max. 20)

DEPENDENT CHILD #2 REQUIRING CHILD CARE (Last, First and Middle)					BIRTH DATE (YYYY/MM/DD)		<input type="checkbox"/> Male		<input type="checkbox"/> Female		
Check all boxes that apply to this child											
<input type="checkbox"/> You receive Child in Home of Relative Assistance for this child (submit proof of CIHR payments)					<input type="checkbox"/> Child has Special Needs (submit Special Needs form)						
<input type="checkbox"/> Foster Child			<input type="checkbox"/> Kith and Kin Child		<input type="checkbox"/> Interim/Temporary Custody Order			<input type="checkbox"/> Ministry designated Young Parent Program child care space			
Does this child attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check <input type="checkbox"/> Kindergarten or <input type="checkbox"/> Grade 1 and up											
Time of Day and Days care required: (check all that apply)											
<input type="checkbox"/> Morning			<input type="checkbox"/> Afternoon		<input type="checkbox"/> Evening		<input type="checkbox"/> Weekend		Time from _____ to _____		
<input type="checkbox"/> Before School			<input type="checkbox"/> After School		<input type="checkbox"/> Saturday		<input type="checkbox"/> Sunday				
Care Provider (Complete a Care Provider form for each Care Provider)				Start Date (YYYY/MM/DD)		End Date (YYYY/MM/DD)		# of Hours/Day		# of Days/Week	# of Days/Month (max. 20)

SECTION 5 DEPENDENT ADULTS AND CHILDREN WHO DO NOT REQUIRE CHILD CARE

DEPENDENT #1 NAME (Last, First and Middle)	SOCIAL INSURANCE NUMBER (adult only)	BIRTH DATE (YYYY/MM/DD) <input type="checkbox"/> Male <input type="checkbox"/> Female
NOTE: You are required to submit a photocopy of one (1) piece of government issued identification, which includes your dependent's photograph, name, birth date and signature.	Is this a <i>person with disabilities</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this a <i>child with special needs</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DEPENDENT #2 NAME (Last, First and Middle)	SOCIAL INSURANCE NUMBER (adult only)	BIRTH DATE (YYYY/MM/DD) <input type="checkbox"/> Male <input type="checkbox"/> Female
NOTE: You are required to submit a photocopy of one (1) piece of government issued identification, which includes your dependent's photograph, name, birth date and signature.	Is this a <i>person with disabilities</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this a <i>child with special needs</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 6 DECLARATION AND CONSENTS

Applicant: I hereby apply for child care subsidy and confirm the information supplied by me is true and complete.

I understand that: I am required to promptly supply information to the Child Care Subsidy Program if there is a change to any of the information I have provided in this application. It is an offence under the *Child Care Subsidy Act* to supply false or misleading information. Subsidy may be paid from the first day of the month in which the application is completed, or the date child care begins, whichever is later. I am responsible for any child care fees prior to this date. Information contained in this document may be reviewed, audited and verified as provided by *Section 5* of the *Child Care Subsidy Act*.

I consent to the verification of information regarding myself or a child provided in this application, or any updated or subsequently provided information, with any person or source, for the purpose of determining or auditing my eligibility for subsidy.

Check the boxes, if you wish the following to apply:

- I consent to the disclosure of information to my spouse, as listed on this form, relating to this application or my eligibility for child care subsidy by the Child Care Subsidy Service Centre.
- I understand that, if I wish to withdraw consent for disclosure of information to my spouse, I may do so at any time by writing to the Child Care Subsidy Service Centre.

APPLICANT SIGNATURE	PRINT NAME	DATE SIGNED (YYYY/MM/DD)

Spouse Consent

I consent to the verification of information provided by my spouse regarding myself in this application, or any updated or subsequently provided information, with any person or source, for the purpose of determining or auditing the applicant's eligibility for subsidy.

SPOUSE SIGNATURE	PRINT NAME	DATE SIGNED (YYYY/MM/DD)

Child Care Subsidy Service Centre Contact Information

Toll Free 1-888-338-6622
http://www.mcf.gov.bc.ca/childcare/subsidy_promo.htm
 Toll Free Fax 1-877-544-0699

Telephone Device for the Deaf
 In Vancouver 604-775-0303
 Toll Free Elsewhere in BC 1-800-661-8773

Mailing Address
 Child Care Subsidy Service Centre
 PO Box 9953 Stn Prov Govt
 Victoria BC V8W 9R3

All related forms mentioned within this application can be obtained at one of the following:

www.mcf.gov.bc.ca/childcare/application.htm
 OR the CCSSC at 1-888-338-6622
 OR the Service BC Centres at 1-800-663-7867
 OR your local Child Care Resource and Referral office



The personal information collected on this form is under the authority of the Child Care Subsidy Act. The information will be used to determine eligibility for child care subsidy. Personal information is protected from unauthorized use and disclosure in accordance with the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, use or disclosure of this information, please call the Child Care Subsidy Service Centre at 1-888-338-6622.

This form is used to collect child care provider (licensed, licence-not-required, registered licence-not-required and in the child's own home) information. A separate form is required for each child care provider.

The child care provider completes Sections 1-4. Please complete all applicable fields.

SECTION 1 CHILD CARE PROVIDER

Licensed child care providers:

Form for licensed child care providers with fields for Facility Name, Facility Licence Number, Licensee Name, and Facility Address.

Licence-not-required (LNR), registered licence-not-required (RLNR) and in the child's own home child care providers:

Form for LNR, RLNR, and in-home providers with fields for Provider Name, Address, and contact information.

SECTION 2 CHILD CARE PROVIDER CONTACT INFORMATION

Form for contact information with fields for Street Address, City/Town, Postal Code, and Daytime/Evening Phone numbers.

SECTION 3 CHILD CARE ARRANGEMENT

Form for child care arrangement with fields for Child's Name, Type of Child Care, Before and/or After School Care, Time of day child care is provided, and Rates.

SECTION 3 CHILD CARE ARRANGEMENT continued

2nd CHILD'S NAME (Last, First and Middle)				
Type of Child Care <input checked="" type="checkbox"/> LICENSED GROUP <input type="checkbox"/> LNR FAMILY <input type="checkbox"/> LICENSED FAMILY <input type="checkbox"/> RLNR FAMILY <input type="checkbox"/> LICENSED PRESCHOOL <input type="checkbox"/> IN THE CHILD'S OWN HOME		Before and/or After School Care <input type="checkbox"/> KINDERGARTEN IN A LICENSED OUT-OF-SCHOOL <input type="checkbox"/> KINDERGARTEN IN A LICENSED GROUP <input type="checkbox"/> GRADES 1 AND UP		Start Date (YYYY/MMM/DD) End Date (YYYY/MMM/DD) (If applicable)
Time of day child care is provided FROM: _____ TO: _____ <input type="checkbox"/> MON <input type="checkbox"/> TUES <input type="checkbox"/> WED <input type="checkbox"/> THURS <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN				
Hours/Day	Days/Month	Daily Rate (\$)	Monthly Rate (\$)	Full day rate (\$) for child care provided during school closures or child illness.
Time of day child care is provided FROM: _____ TO: _____ <input type="checkbox"/> MON <input type="checkbox"/> TUES <input type="checkbox"/> WED <input type="checkbox"/> THURS <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN				
Hours/Day	Days/Month	Daily Rate (\$)	Monthly Rate (\$)	Full day rate (\$) for child care provided during school closures or child illness.

If you require additional space for another child, please use a separate form.

SECTION 4 CHILD CARE PROVIDER DECLARATION

I understand that: subsidy may be paid from the first day of the month in which the application is received by the Child Care Subsidy Service Centre, or the date child care begins, whichever is later. The applicant is responsible for child care fees prior to this date. I am required to immediately supply information to the Child Care Subsidy Service Centre if there is a change to any information provided here or any subsequently provided information. I may be required to supply additional information to the Child Care Subsidy Service Centre in order for the applicant's application to be processed and maintained. It is an offence under the *Child Care Subsidy Act* to supply false or misleading information.

I understand that: under section 5 of the *Child Care Subsidy Act* and the *Freedom of Information and Protection of Privacy Act*, the minister is authorized to collect information for the purpose of determining or auditing eligibility for child care subsidy.

CHILD CARE PROVIDER'S OR LICENSED SIGNING AUTHORITY'S NAME (Last, First and Middle) (Please print)	
Olafson, Shaun D.	
CHILD CARE PROVIDER'S OR LICENSED SIGNING AUTHORITY SIGNATURE	DATE SIGNED (YYYY/MMM/DD)

The applicant completes Sections 5–6

SECTION 5 REASON FOR FORM SUBMISSION

Purpose for submitting this information, (check one):

- I am a first time applicant or I am renewing my application. Applicant must submit a Child Care Subsidy Application form (CF2900).
- The child care provider listed has changes to their existing information (i.e. daily or monthly rates, address, child care information, registration status, community care facility licence).
- The child care provider listed is replacing my previous child care provider. Name of previous child care provider: _____.
- The child care provider listed is in addition to my existing child care provider.

SECTION 6 APPLICANT DECLARATION

I confirm that: the information provided in this application is complete and accurate. I understand that I am required to immediately supply information to the Child Care Subsidy Service Centre if there is a change to any information provided here or any subsequently provided information.

APPLICANT'S NAME (Last, First and Middle) (Please print)		SOCIAL INSURANCE NUMBER
APPLICANT'S SIGNATURE		DATE SIGNED (YYYY/MMM/DD)
PHONE ()		

Once completed, please fax or mail to the Child Care Subsidy Service Centre

Toll Free Fax 1-877-544-0699

Mailing Address
 Child Care Subsidy Service Centre
 PO Box 9953 Stn Prov Govt
 Victoria BC V8W 9R3

Contact Child Care Subsidy

Mailing address

Child Care Subsidy Service Centre
PO Box 9953 Stn Prov Govt
Victoria BC V8W 9R3

Telephone in Greater Victoria: 250 356-6501
Elsewhere in BC toll-free: 1 888 338-6622

Translation Services are available upon request.

Telephone Device for the Deaf

In Vancouver: 604 775-0303
Toll-free elsewhere in BC: 1 800 661-8773

Business hours

8:00 am to 5:00 pm Pacific Time, Monday to Friday, excluding statutory holidays.