



KIA Licenced Child Care Subsidy Program

PROGRAM DESCRIPTION

The KIA Licensed Child Care Subsidy Program is designed with two purposes:

1. To encourage the use of licenced child care centres in the Kitikmeot region
2. To assist eligible working Kitikmeot Inuit with the financial cost of enrolling their children in licenced child care facilities.

PROGRAM ELIGIBILITY

The parent who registers the child must:

1. Be registered with the Kitikmeot Inuit Association under the Nunavut Agreement
2. Be employed while the child is attending a licenced child facility
3. Have legal custody of the enrolled child at least 50% of the time

** If you are receiving subsidies for childcare through other organizations (eg. another Inuit Association, Provincial/Territorial government, etc.) you may be ineligible for this program. These situations will be reviewed on a case by case basis to determine eligibility. **

SUBSIDY PAYMENT

For licenced childcare facilities in the Kitikmeot region, subsidies will be paid directly to the provider and parents will be required to pay the remaining amount.

For facilities outside of the Kitikmeot region, parents must pay all costs and submit invoices and receipts for reimbursement.

Indirect childcare costs (eg. deposit, waitlist fees, registration fees, late fees, etc.) are not covered under this program.

APPLICATION PROCEDURES

Applications to the Licenced Child Care Subsidy Program must include:

- Completed and signed application form
- Copy of applicant's identification (birth certificate, health care card, driver's licence, etc.)
- Copy of identification for all dependents claimed (ie. birth certificate, health care card, etc.)

For facilities outside the Kitikmeot Region, please submit:

- Banking direct deposit form
- Letter from the licenced child care facility that identifies:
 - names of children in care
 - expected daily or monthly costs
 - enrollment status (full-time, part-time, drop-in)

SUBMITTING APPLICATIONS

| Within the Kitikmeot Region | Outside the Kitikmeot Region |
|---|---|
| <p>Submit completed applications to your local child care facility.</p> <p>If you have questions please see the Daycare Manager</p> | <p>Submit completed applications to the KIA Child Care Coordinator childcare@kitia.ca</p> <p>If you have questions contact the Child Care Coordinator at 867-983-2458 Ext. 253</p> |

** full program details including eligibility and application procedures can be found in the KIA's ELCC guideline*

Application Checklist

**** If you are eligible for government child care subsidies you must apply to those first ****

Please ensure you have all the following items before submitting your application.

| All Applications | | |
|--|--|--|
| <input type="checkbox"/> | Completed Application Form | Fully filled in attached application form. If you have any questions please speak the daycare manager (for facilities in the Kitikmeot region) or the KIA Child Care Coordinator (for facilities outside the Kitikmeot region) |
| <input type="checkbox"/> | Copy of Applicant's Identification | Any government issued ID such as a birth certificate, health care card, driver's licence or passport |
| <input type="checkbox"/> | Copy of each dependent's identification | For each dependent listed on your application form please provide a copy of their government issued ID such as a birth certificate or health care card |
| For those outside the Kitikmeot Region | | |
| <input type="checkbox"/> | Banking Direct Deposit Form | A void cheque or direct deposit form for the bank account where you would like your reimbursements deposited |
| <input type="checkbox"/> | Letter from the Licenced Child Care Facility | <p>The letter must include:</p> <ul style="list-style-type: none"> ● Full names of each child you'll be claiming the subsidy for ● Expected daily or monthly costs for each child ● Enrollment status of each child (full-time, part-time, drop-in) ● Facility contact information |

KIA Licenced Child Care Subsidy Program Application Form

PARENT INFORMATION (as shown on your ID)

To be completed by the eligible **Kitikmeot Inuit parent or Inuit legal guardian** who is registering for the KIA Licenced Child Care Subsidy Program and is working

| | | | |
|---|--|--|---|
| Last Name | | First Name | |
| Preferred Last Name (if applicable) | | Preferred First Name (if applicable) | |
| Parent Status | <input type="checkbox"/> Married/common-law <input type="checkbox"/> Married/common-law with student spouse* <input type="checkbox"/> Single <i>* This information will help us direct you to the most appropriate program for your needs</i> | | |
| Are you working? | <input type="checkbox"/> Yes <input type="checkbox"/> No | What is your job title? | |
| <i>This program is only for working parents If you are a student contact our Employment Services Coordinator at aset@kitia.ca for more information</i> | | | |
| NTI Number | | Community applicant is registered with under the Nunavut Agreement | <input type="checkbox"/> Cambridge Bay <input type="checkbox"/> Gjoa Haven <input type="checkbox"/> Kugaaruk <input type="checkbox"/> Kugluktuk <input type="checkbox"/> Taloyoak |

MAILING ADDRESS / CONTACT INFORMATION

| | | | |
|-----------------|--|--------------------|--|
| Mailing Address | | Postal Code | |
| Town/City | | Territory/Province | |
| Email Address | | Phone Number | |

ADDITIONAL SUBSIDIES

| | |
|---|--|
| Has any parent applied for or received a child care subsidy from other sources (eg. government, employer, other RIAs) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please provide documentation from the subsidy provider that shows the details of the subsidy | |

CHILDREN REQUIRING SUBSIDY

| Child #1 | | | |
|--------------------------------------|--|--|--|
| Last Name | | First Name | |
| Date of Birth | | Relationship to applicant | |
| Living with you at least 50% of time | <input type="checkbox"/> Yes <input type="checkbox"/> No | Name of Licenced Child Care Facility | |
| Registration Status | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Drop-In | If not full-time, how many days (on average) will the child go each week | |

| Child #2 | | | |
|--------------------------------------|--|--|--|
| Last Name | | First Name | |
| Date of Birth | | Relationship to applicant | |
| Living with you at least 50% of time | <input type="checkbox"/> Yes <input type="checkbox"/> No | Name of Licenced Child Care Facility | |
| Registration Status | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Drop-In | If not full-time, how many days (on average) will the child go each week | |

| Child #3 | | | |
|--------------------------------------|--|--|--|
| Last Name | | First Name | |
| Date of Birth | | Relationship to applicant | |
| Living with you at least 50% of time | <input type="checkbox"/> Yes <input type="checkbox"/> No | Name of Licenced Child Care Facility | |
| Registration Status | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Drop-In | If not full-time, how many days (on average) will the child go each week | |

DECLARATION, AUTHORIZATION TO RELEASE INFORMATION & PROGRAM AGREEMENT:

Please read the following and sign where indicated:

1. I understand that meeting the eligibility requirements does not guarantee funding. The actual amount of money received will be based on ELCC funds available when the application is reviewed. The KIA may amend the terms of the program with 60 days notice.
2. I agree to repay the amount of any financial assistance to which I am not entitled such as, but not limited to: any payments made to me in error; and/or any payments made for costs in excess of the amount actually incurred; and/or any payments that were used for costs that were not eligible for reimbursement under the contribution agreement.
3. I declare that the information given above is true, correct, completed and understand that it may be subject to verification. I understand that it is an offence to make false statements.
4. I authorize Kitikmeot Inuit Association (KIA) at any time to request information regarding my child's enrollment, attendance or participation in a licenced child care program or custody arrangements related to my child.
5. I hereby authorize KIA to release and/or request information as required from Nunavut Government Department of Family Services, Department of Education, other subsidy providers and my childcare provider to determine my eligibility for the program and for verification purposes throughout the duration of the program.
6. I understand that the KIA may share the above information with the Government of Canada (GOC), and that I consent to the disclosure of this information to GOC. I understand that the information that I provided is protected under Canada's Privacy Act and that I have a right under the Privacy Act to obtain access to that information from GOC.
7. This authorization will remain in effect UNLESS I give written instruction to cancel the authorization.

Please read and check the boxes below to confirm the following

I declare that all children listed on this application form:

- Live with me at least 50% of the time
- Are financially dependent on me
- Are under 12 years of age and attending a licenced child care facility
- Are my child, stepchild, adopted child or a child I have legal custody or guardianship of

I will let the KIA know if there are:

- Changes to my child(ren)'s custody arrangements
- Changes to daycare arrangements (change daycares, attendance schedule or daycare rates)
- Changes to my employment status (where you are no longer working OR are on a long-term leave that is more than one month)

By signing this application form, you have read and understood the *DECLARATION & AUTHORIZATION TO RELEASE INFORMATION* written on this form.

PRINT Applicant Name

Signature

Date