

# 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 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.

Heading 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				
Home address											
Number		Street, Avenue, Boulevard, P.O.Box					Apartment				
Town/City, Municipality						Province		Postal code			
Area code			Area code								
Telephone number (home)			Telephone number (work)			Extension					
What is your relationship to the child or children?				Father		Mother		Other		Are you a Canadian citizen?	
								Yes <b>A</b>		No <b>A and 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>First child</b>					<b>Second child</b>						
Last name					Last name						
First name					First name						
Date of birth <b>A</b>					Date of birth <b>A</b>						
			Year		Month		Day				
Heading 2 – CHILDCARE NEEDS											
Check (✓) the box that corresponds to your needs.											
<b>First child referred to in this application</b>					<b>Second child referred to in this application</b>						
Child under 5 years of age on September 30th of the reference year <b>F</b>					Child under 5 years of age on September 30th of the reference year <b>F</b>						
Continuous period from 2 1/2 to 4 hours per day					Continuous period from 2 1/2 to 4 hours per day						
Continuous period of more than 4 hours per day up to a maximum of 10 hours per day					Continuous period of more than 4 hours per day up to a maximum of 10 hours per day						
Child 5 years of age or older on September 30 of the reference year, who cannot be accommodated in a childcare service in a school daycare environment due to the absence of such service or no available space <b>G</b>					Child 5 years of age or older on September 30 of the reference year, who cannot be accommodated in a childcare service in a school daycare environment due to the absence of such service or no available space <b>G</b>						
Continuous period or interrupted periods totaling at least 2 1/2 hours per day for a maximum daycare period of 5 hours per day between 6:30 a.m. and 6:30 p.m.					Continuous period or interrupted periods totaling at least 2 1/2 hours per day for a maximum daycare period of 5 hours per day between 6:30 a.m. and 6:30 p.m.						
Anticipated date of the first day of daycare			Year		Month		Day		Anticipated date of the first day of daycare		
Anticipated date of the end of daycare (if you know it)			Year		Month		Day		Anticipated date of the end of daycare (if you know it)		
Heading 3 – LAST-RESORT FINANCIAL ASSISTANCE PROGRAM (Social Assistance Program or Social Solidarity Program)											
<b>3.1</b> Do you receive benefits under a last resort financial assistance program (Social Assistance Program or Social Solidarity Program) within the meaning of the Individual and Family Assistance Act (R.S.Q., Chapter A-13 1.1 A)?							Yes <b>C</b>		No		
If you answered <b>no</b> , go to <b>Heading 4 – INFORMATION REQUIRED IN THE CASE OF RE-ENROLLMENT</b>											
<b>3.2</b> Do you have a letter of recommendation specifying that your child needs long-term daycare services?							Yes <b>D</b>		No		
If you answered <b>yes</b> , check (✓) the box corresponding to the organization that issued the letter of recommendation.											
Local community service centre (CLSC)					Cree health and social services centre						
Hospital centre					Child and youth protection centre (CPEJ)						
Rehabilitation centre											
<b>Please sign the authorization to release information if you receive benefits under the last resort financial assistance program (Social Assistance Program or Social Solidarity Program).</b>											
I authorize the Ministère de la Famille to verify, within the context of the reduced contribution exemption, my eligibility for the last-resort financial assistance program stipulated in the Individual and Family Assistance Act.											
<b>Parent's signature</b>							<b>Date</b>		Year	Month	Day
Heading 4 – INFORMATION REQUIRED IN THE CASE OF RE-ENROLLMENT											
<b>4.1</b> Since September 1 of the reference year, have you benefited from the reduced contribution or, if you receive benefits under a last-resort financial assistance program within the meaning of the Individual and Family Assistance Act, have you been exempted from the payment of the reduced contribution?							Yes <b>E</b>		No		
Heading 5 – SIGNATURE											
I declare that the information appearing on this application is accurate and complete. Please note that under the Regulation respecting Reduced contributions, the parent must immediately notify the childcare provider of any change affecting the information and the documents used to establish his eligibility for the reduced contribution or for the exemption from its payment.											
<b>Parent's signature</b>							<b>Date</b>		Year	Month	Day

## LIST OF DOCUMENTS TO BE APPENDED

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

<p><b>A</b> 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).</p>
<p><b>A</b> The birth certificate of the first child referred to in this application.</p>
<p><b>A</b> The birth certificate of the second child referred to in this application.</p>
<p><b>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 childcare provider. A photocopy, certified as being a true copy of the original by the childcare provider, must be kept in the parent's file.</b></p>
<p><b>B</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.</p>

### 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
<b>Required documents</b>	<b>Required documents</b>	<b>Required documents</b>	<b>Required documents</b>	<b>Required documents</b>	<b>Required documents</b>
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 indicating the place of work and the name of the employer  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 from the Ministère de l'Éducation, du Loisir et du Sport attesting that the person is a recipient of a bursary from the Government of Québec in application of the policy related to foreign students in the colleges and universities of Québec	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

<p><b>C</b> Proof that you will receive benefits under a last resort financial assistance program within the meaning of the Individual and Family Assistance Act (Social Assistance Program or Social Solidarity Program).</p>
<p><b>D</b> A letter from a local community services centre (CLSC), child and youth protection centre (CPEJ), hospital centre, rehabilitation centre or Cree health and social services centre, recommending that the parent be exempted from the payment of the reduced contribution for a longer period, indicating the number of days and half-days of childcare necessary and mentioning that the child meets one of the stipulated conditions: the child has a psychosocial problem justifying that he benefits from childcare services for a longer period or there is reason to believe that, without this measure, he will be removed from his family environment.</p>
<p><b>E</b> 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 under a last-resort financial assistance program (Social Assistance Program or Social Solidarity Program), the total number of childcare days for which you have been exempted from paying the reduced contribution.</p>
<p><b>F</b> A copy of the daycare agreement signed with the person in charge of a home daycare operation, where applicable.</p>
<p><b>G</b> An attestation signed by the principal of the school attended by the child five years of age or over on September 30 of the reference year establishing the absence of a childcare service in a school daycare environment or the absence of an available space, whichever is the case.</p>

### RESERVED FOR THE ADMINISTRATION

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

<b>Identification</b>			
Name of permit holder or coordinating office			Establishment number
Last name of the home childcare providers		First name	
<b>Decision</b>			
Yes The parent's application is accepted; the parent meets all of the conditions stipulated in the Act or in the Regulation respecting Reduced contributions.  No The parent's application is rejected for the following reasons:			
<b>To be completed if the parent receives benefits under a last-resort financial assistance program (Social Assistance Program or Social Solidarity Program)</b>			
The parent is exempted from the payment of the reduced contribution		Yes	No
The parent is exempted from the payment of the reduced contribution for more than 2 and a half days or 5 half-days per week since he has presented a letter of recommendation to this effect		Yes	No
<b>First child referred to in this application</b>		<b>Second child referred to in this application</b>	
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
<b>Signature</b>			<b>Date</b>
Year    Month    Day			

#### RIGHT TO REVIEW

A parent who feels that he has been wronged by the decision of a permit holder or a home daycare coordinating office can ask the Minister to review this decision. The application must be made in writing and briefly outline the reasons given. It must be submitted in the 90 days following the date on which the parent is informed of the decision, to the following address:  
**Secrétariat général, ministère de la Famille, 425, rue Saint-Amable, Québec (Québec) G1R 4Z1.**

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## Heading 1 – IDENTIFICATION

**Parent** *The holder of parental authority or the person who has custody of the child.*

Last name		First name		Social Insurance Number	
Home address					
Number		Street, Avenue, Boulevard, P.O.Box			Apartment
Town/City, Municipality				Province	Postal code
Area code		Area code		Extension	
Telephone number (home)		Telephone number (work)			
What is your relationship to the child or children? Father    Mother    Other			Are you a Canadian citizen?    Yes <b>A</b> No <b>A and 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.).**

First child			Second child		
Last name			Last name		
First name			First name		
Date of birth <b>A</b>			Date of birth <b>A</b>		
Year    Month    Day			Year    Month    Day		

## Heading 2 – CHILDCARE NEEDS

**Check (✓) the box that corresponds to your needs.**

First child referred to in this application			Second child referred to in this application		
<i>Child under 5 years of age on September 30th of the reference year</i> <b>F</b>			<i>Child under 5 years of age on September 30th of the reference year</i> <b>F</b>		
Continuous period from 2 1/2 to 4 hours per day			Continuous period from 2 1/2 to 4 hours per day		
Continuous period of more than 4 hours per day up to a maximum of 10 hours per day			Continuous period of more than 4 hours per day up to a maximum of 10 hours per day		
<i>Child 5 years of age or older on September 30 of the reference year, who cannot be accommodated in a childcare service in a school daycare environment due to the absence of such service or no available space</i> <b>G</b>			<i>Child 5 years of age or older on September 30 of the reference year, who cannot be accommodated in a childcare service in a school daycare environment due to the absence of such service or no available space</i> <b>G</b>		
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## Heading 3 – LAST-RESORT FINANCIAL ASSISTANCE PROGRAM (Social Assistance Program or Social Solidarity Program)

**3.1** Do you receive benefits under a last resort financial assistance program (Social Assistance Program or Social Solidarity Program) within the meaning of the Individual and Family Assistance Act (R.S.Q., Chapter A-13 1.1 A)?    Yes **C**    No

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

**3.2** Do you have a letter of recommendation specifying that your child needs long-term daycare services?    Yes **D**    No

If you answered **yes**, check (✓) the box corresponding to the organization that issued the letter of recommendation.

Local community service centre (CLSC)	Cree health and social services centre
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Rehabilitation centre	

### Please sign the authorization to release information if you receive benefits under the last resort financial assistance program (Social Assistance Program or Social Solidarity Program).

I authorize the Ministère de la Famille to verify, within the context of the reduced contribution exemption, my eligibility for the last-resort financial assistance program stipulated in the Individual and Family Assistance Act.

<b>Parent's signature</b>	<b>Date</b>	Year    Month    Day
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## Heading 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 receive benefits under a last-resort financial assistance program within the meaning of the Individual and Family Assistance Act, have you been exempted from the payment of the reduced contribution?    Yes **E**    No

## Heading 5 – SIGNATURE

I declare that the information appearing on this application is accurate and complete. Please note that under the Regulation respecting Reduced contributions, the parent must immediately notify the childcare provider of any change affecting the information and the documents used to establish his 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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Last name of the home childcare providers	First name		
<b>Decision</b>			
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<b>To be completed if the parent receives benefits under a last-resort financial assistance program (Social Assistance Program or Social Solidarity Program)</b>			
The parent is exempted from the payment of the reduced contribution	Yes	No	
The parent is exempted from the payment of the reduced contribution for more than 2 and a half days or 5 half-days per week since he has presented a letter of recommendation to this effect	Yes	No	
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Date when daycare starts	Year    Month    Day	Date when daycare starts	Year    Month    Day
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<b>Signature</b>		<b>Date</b>	Year    Month    Day

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