

**Notice with Respect to the Collection of Personal Information**

(Freedom of Information and Protection of Privacy Act)

(Municipal Freedom of Information and Protection of Privacy Act)

This information is collected under the legal authority of the *Ontario Disability Support Program Act*, 1997, sections 5, 10, 45 and 46 or the *Ontario Works Act*, 1997, sections 7, 8, 15, 57 and 58 for the purpose of administering Government of Ontario social assistance programs. For more information contact \_\_\_\_\_

at \_\_\_\_\_ in your local Ontario Works or ODSP office.

Below is a form for reporting your monthly child care costs. Please fill out this form and have your child care provider sign it. Unless you have been told otherwise, **you have two options:**

1. Attach the child care receipt to your monthly income report and return it to your local Ontario Works or ODSP office; or
2. Fill in your child care expenses on your monthly income report and keep this form and any receipts in case we ask to see them in the future.

**Note:** 1. You can only use this form to claim costs if you had to pay for child care (e.g., licensed child care, the Extended Day Program, or unlicensed child care) because you were working for someone, working for yourself, or participating in a paid training program.

- If you are using unlicensed child care, please complete this form to report your child care expenses.
- If you are using licensed child care or the Extended Day Program, please complete this form and attach it to your official receipt from your child care provider.

2. If you are using more than one child care provider, please complete a separate form for each provider.

**Detach here.**

Licensed Child Care     Unlicensed Child Care     Extended Day Program

## Child Care Receipt

Full Name of Parent/Guardian	Telephone Number
Full Name of Child Care Provider	Telephone Number
Address of Child Care Provider	
<b>Full Names of Children</b>	<b>Ages</b>
1.	
2.	
3.	
4.	
Total Payments for child care in the month of _____	Total hours of care _____
	Total payment _____
<b>I declare the information given here to be accurate and complete.</b>	
Signature of Child Care Provider	Date (yyyy/mm/dd)
Signature of Parent/Guardian	Date (yyyy/mm/dd)