

**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 *Family Benefits Act*, R.S.O. 1990, c.F.2, sections 9 & 12, the *Ontario Disability Support Program Act*, 1997, sections 5 & 10, or the *Ontario Works Act*, 1997, sections 7,8 & 15, for the purpose of:

- administering Government of Ontario social assistance programs. For more information contact \_\_\_\_\_ at (\_\_\_\_) \_\_\_\_\_, in your local Ontario Works or ODSP office.

Attached is a child care receipt for reporting your monthly child care costs. Please attach and send with your Income Report each month.

- Note:**
1. The only child care costs to be claimed on this form are costs that are incurred as a result of the parent/guardian's employment and or participation in a paid training program.
  2. Child care expenses for children ages 13 and over are not to be claimed on this form (unless exceptional circumstances apply and are pre-approved).
  3. If you have more than one child care provider, use a form for each provider.
  4. For **unlicensed care** - Use this form to report child care expenses.
  5. For **licensed care** - Complete the names and ages of children, sign this form and attach it to your official receipt.

Detach here. Complete and return the Receipt below to your local office with your monthly Income Report.

 Licensed Child Care       Unlicensed Child Care

## Child Care Receipt

Full name of Parent/Guardian	Telephone Number		
Full Name of Child Care Provider	Telephone Number		
Address of Child Care Provider			
Full Names of Children	Ages		
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 Parent / Guardian	Date	Signature of Parent / Child Care Provider	Date