



# ŁA?UKʷI?ATH BULLETIN

JULY 21<sup>ST</sup> 2017

# Ła?ukʷi?ath Days 2017



**Culture**

**Paddle Boarding**

**Beach Events**

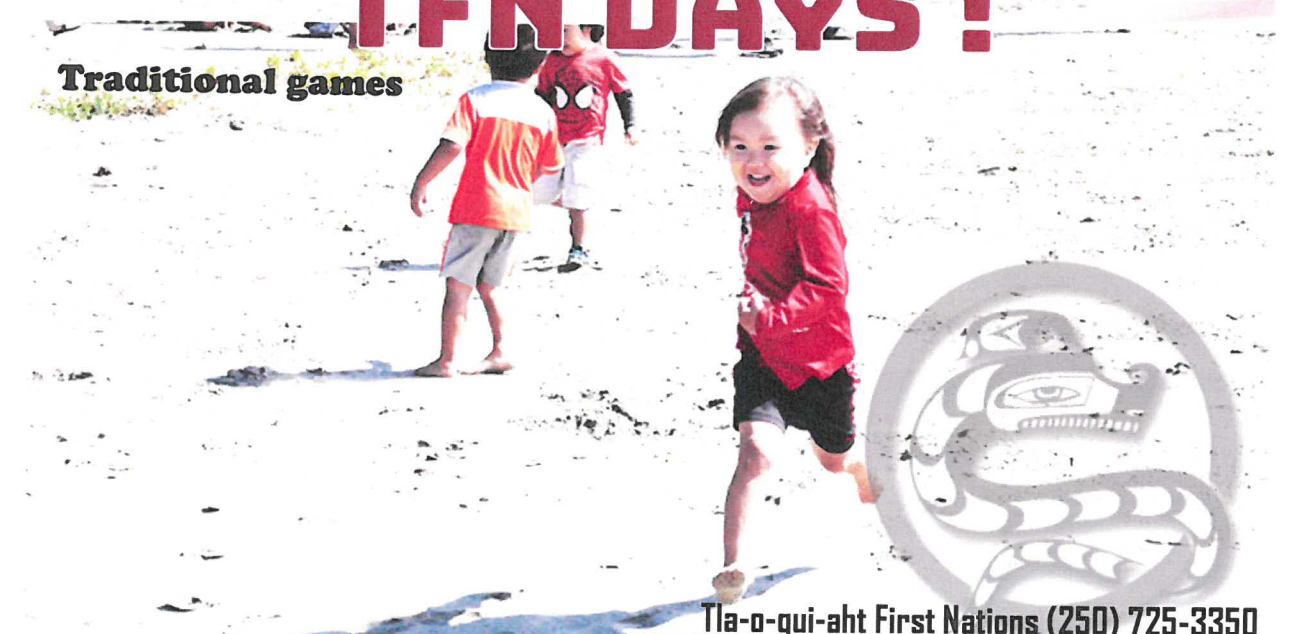
## AUGUST 7-13TH

**Parade August 7th!**

**Ookmiin Camping**

# TFN DAYS !

**Traditional games**



**Tla-o-qui-aht First Nations (250) 725-3350**



August 7: Parade @ 11:45, then Opening Ceremonies- Tofino Village Green  
August 8th: 10am-2pm Grand Opening-Tiçmis?aqkin Health Centre-Tyhistanis  
August 9th: 11am Esowista-baby welcoming, beach clean-up, sports and culture  
August 10th: 10am Opitsaht - beach events, paddle boarding, caputs races,  
August 11-13 Ookmiin - camping closing ceremonies

## ΛΑ?UK\*IPATH DAYS – TLA-O-QUI-AHT DAYS 2017

It was with our partners' support, our many dedicated groups of volunteers and staff who made TFN Days 2016 such a successful event.

TFN Days is a seven-day event that will take place amongst all a few of our main communities, Opitsaht, Tyhistanis, Esowista, Ookmiin, and Tofino. The family/ community events will include sporting events, traditional games, and cultural activities. After last year's grand opening, a parade at Tofino Village Green, all who participated agreed that it was a success. For this year, we plan to build on that successful experience by following the same format.

Tla-o-qui-aht extends invites each of you to either participate in the parade directly or join us in Tofino to watch the parade, and join in the opening ceremonies and parade.

The vision and theme for this year is "Family Wellness & Culture." We will focus on being environmental friendly by reducing our waste, promoting healing through healthy community planned events (taking care of each other), and promoting our language, culture, and practices within the Tla-o-qui-aht Territory. For this event, families will be encouraged to take your own reusable serving items for food (plates, cups, bowls, napkins, cutlery) to the events – our main goal with this is waste reduction throughout the seven days.

We look forward to having participation to have a successful TFN Days 2017. This event we look forward to healthy events that bring us closer together as Tla-o-qui-aht.

If you have any questions and would like to volunteer time to assist with the many tasks required to have a successful event, please contact Iris Frank, Education Manager at 250.725.3350 or via email at [education@tla-o-qui-aht.org](mailto:education@tla-o-qui-aht.org)

**Our next Team Planning meeting is set for Tuesday, July 25, 2017 at the Tiic-Mis-Aq'kin Health Center at Ty-Histanis – everyone is welcome to participate and provide feedback and input towards the seven-day event.**

Thank you to Patricia Gus for creating the poster, and we would like to acknowledge Giselle Martin and Barney Williams for collaborating on phonetically spelling out Tla-o-qui-aht for the poster as well.

Thank you for taking the time to read this, your support is important to ensure that we have a successful Tla-o-qui-aht First Nation Days 2017 – we look forward to seeing everyone

Iris Frank

Education Manager  
TFN Days Planning Lead

# **IMPORTANT**

# **NOTICE**

## **Hydrogen Flush**

**Aug 7<sup>th</sup> Ty-Histanis & Aug 8<sup>th</sup> Esowista**

**9 AM – 12 PM**

**Do Not Use Water**

Purpose: Semi-Annual Water System Cleaning

\*Run Taps for a few minutes to clear water lines from any remaining debris.

- No Washing Machines
- No Dishwashers
- No Filling Pools
- No Sprinklers or Garden Watering
- Kitchens, Bathrooms, and Appliances

This effects ALL homes and utilities connected to the water system in the above noted communities.

For further information please contact Matt Seitcher, Public Works Manager, or John Williams.



TLA-O-QUI-AHT  
FIRST NATIONS

# JOB FAIR 2017



[tla-o-qui-aht.org/employment](http://tla-o-qui-aht.org/employment)



4 - 7 PM

**MONDAY, JULY 24**  
**TIIC-MIS-AQ'KIN**  
**HEALTH CENTRE,**  
**TY-HISTANIS**

—  
TFN  
Connor Paone  
725.3350  
—

—  
NETP  
Evan Hauser  
726.7347  
—

**TUESDAY, JULY 25**  
**MICC,**  
**OPITSAHT**



# Invitation

## **Tla-o-qui-aht Day Care Open House and Planning Meeting**

**Date:** July 31<sup>st</sup>, 2017

**Who:** Anyone interested in the new  
**TFN Day Care Centre**

**Time:** 7pm to 9pm

**Location:** Health Centre (Tyhistanis)

- Hear about the upcoming new day care
- Tour the day care site
- Have your voice heard in planning for this new facility and programming
- Register your children
- Learn about opportunities to participate
- Learn about upcoming employment opportunities
- This is an important opportunity for Community Members of all ages to guide the development of this new and wonderful opportunity for our community.

For more information contact Carol Frank at 250-725-3251 or  
Iris Frank at 250-725-3350.



## **Tiicmis?aqkin Health Centre Grand Opening**

**August 8th**

10-2 pm Grand Opening Ceremonies

2-4:30 pm family events and activities

Heart  
Health  
Culture



Tiicmis?aqkin Health Centre (250) 725-3335

## FOOD FISH –TFN FISHERIES OFFICE - LANDS & NATURAL RESOURCES



TFN has delivered 2000lbs of halibut to Ty-Histanis and Esowista, and 150 pieces of Coho were delivered to Opitsaht this week.

There are still several food fish purchases of salmon yet to occur, and another 2000lbs of halibut to target as well. We are hoping to reach as many households as possible.

For more information contact Andrew Jackson – AFS, or Saya Masso – Lands and Natural Resources Manager.

## IRA – MEMBERSHIP INFORMATION



**Every Thursday afternoon** at the Main Office, Tiic-Mis-Aq'kin, or MICC registry services are available. Reminder that you need the following items before coming to get a card. 2 pieces of Government issued ID (Driver's License, BC ID, Passport, and Medical Services Card)

If registering your newborn you need an original birth certificate as well. Call and ask any other details before making the trip to ensure

### IRA/MEMBERSHIP NOTICE

#### We have no cardstock!

- The office is prepared to accept all new Registrations.
- Membership information for all Tla-o-qui-aht members must be up-to-date.
- Feel free to call in to office and ask for Leah Morgan at the treaty office, she can assist you with the 10 year secure status card application.
- There is no cardstock due to policy and process changes at the INAC level, we continue to put in requests for cardstock and will notify the community when we receive them. Please note this is a circumstance affecting all of Canada.

Please contact the IRA Clerk if there are any changes for the following:

- Change of Name
- Change of Address
- Change of Marital Status
- Up to date of living On or Off Reserve

**Come on in for IRA Services!**



Thursdays July 27<sup>th</sup> & August 31<sup>st</sup> at the MICC - Opitsaht

Thursdays August 3<sup>rd</sup> & 17<sup>th</sup> at Tiic-Mis-Aq'kin - Ty-Histanis

Thursdays August 10<sup>th</sup> and 24<sup>th</sup> at the Administration Office - Tin Wis

## TALK OF THE TOWN; LET'S TALK HOUSING

### *Talk of the Town; Let's Talk Housing*

*Submitted by: Ivy Bell – Housing Manager*

Over the recent weeks Housing has received reports of a number of different issues that are causing alarm to some residents. I would like to make you aware of some of the issues reported to us and ask for everyone's cooperation in improving things so everyone can live in a peaceful environment.

Some reports we have received are concerning unsupervised children. From riding their bikes dangerously by high traffic areas to throwing rocks at passing cars and the most concerning report was of a couple children throwing rocks at an Elder, taking her daily walk. As it states on our website, "*Our greatest gifts are the Elders who are here to protect us, teach us, and give guidance.*" **TFN staff and administration are respectfully asking that all parents/caregivers ensure that their children are adequately supervised at all times.**

The speed bumps throughout the community, means to slow down. Please be aware of your surroundings as you are driving and keep your speed to a minimum. With two dogs being run over recently, we are concerned that this problem could have been worse.

Other reports are concerning drinking, partying and the after effects of overconsumption. Let me take this time to remind the tenants that loud and excessive parties are no longer being tolerated by TFN Housing and the eviction process has begun for a number of resident's due to this.

TFN housing has hand delivered letters and statements in regards to non-payment of rent and the resulting rental arrears. If you have received a "Rental Arrears – Notice", please meet with me at your earliest convenience to avoid the risk of losing your tenancy. I would like to thank the tenants who came in and made a repayment arrangement. If you still haven't negotiated a repayment agreement, **please call the office and set up an appointment as soon as possible.** Housing is working on hand delivering another set of warning letters to those who have not made an effort to contact me. Don't ignore the letters until you receive an eviction notice.

**On the brighter side of Housing,** I have successfully found some funding for three employees for our Housing Department. One of which is a Housing Clerk Internship position that is an 8-month term with the possibility of a one-year extension. This is open to First Nations applicants under the age of 30 as part of terms on the funding criteria.

Two positions for Housing Maintenance also for an 8-month term with a possibility of extension. The Housing Maintenance does not have any age restrictions but please see the attached postings for all.

Tla-o-qui-aht Housing Department is in the process of getting the arrears taken care of. The impact of the rental arrears is affecting the capability of TFN to repair existing houses and to build new homes for the



community. Housing arrears will not be tolerated. When a tenant is in arrears the mortgage payments that are missed come from other programs from within the TFN. Non or partial payments do reflect badly when we submit for CMHC or INAC funding. There is a huge chance we will be denied further funding if rent is not collected from all units regularly.

Therefore, please be advised that effective immediately the Housing Department will begin the collection process with all tenants who owe money for housing.

Failure to comply will result in an eviction and/or legal action for removal.

Please contact the Housing Department to start making arrangements to begin payments in order to avoid eviction and/or legal action.

**Evictions are always the last option.**

**Come and see housing and make out a payment recovery plan.**

**Depending on your circumstances, perhaps other arrangements can be made.**

TFN Housing is planning a **Community Housing Forum** and would like to reach out to membership in what you would like to see happen at this event. Please contact me with your ideas, comments or concerns. Example topics:

- Mould Prevention
- Basic home maintenance
- Housing Policy
- Selection process for housing and housing repairs
- Energy efficiency - BC Hydro
- BC Housing Rental Assistance Program
- Historical and Present Arrears
- Budgeting

I want to have this event fun and informative to open up communication with membership in a healthy and safe environment. Your voice and opinion counts.

Thank you/Chuu

## WELCOME TO SUMMER/ STUDENT WORKERS

Please help us welcome and congratulate our summer student workers that will be assisting the Tla-o-qui-aht First Nations Administration, in all sorts of areas, under the guidance of our Education Manager, Iris Frank, and Youth Coordinator, Margaret Tom.

Carol Curley

Gregory Atleo (not in picture)

Francis Howard

Amy Charlie



## LEARNING OPPORTUNITIES FOR ALL TLA-O-QUI-AHT FIRST NATION MEMBERS

### Computer Camp:

- 12 & under computer classes August 28th-31st.
- The class will hold 12 children between age of 7-12 strong focus on computer safety.
- Adult classes are being planned for October and November, but if you are interested please contact our Education Manager Iris Frank at [educaton@tla-o-qui-aht.org](mailto:educaton@tla-o-qui-aht.org) or 250-725-3350

## Essential Skills Facilitator Training Pilot Program for the Mount Waddington Region

### PURPOSE:

North Island College is pleased to offer this pilot program for Essential Skills (ES) Facilitator Training for the Mount Waddington Region. The program pilot is a collaborative training initiative, in partnership with Aboriginal Community Career Employment Services Society (ACCESS), and Douglas College, The Training Group, developer of the industry-recognized ES Practitioner Training Certificate Program. This unique pilot program will qualify local instructors to design and deliver customized essential skills courses for Aboriginal participants in the Mount Waddington Region, using culturally-relevant and accessible teaching methods and materials.

The purpose of the train-the-trainer program is to build the capacity, at the local level, for delivering customized in-community training programs led by qualified Essential Skills instructors who are experienced in assessing skills gaps and developing targeted curriculum for workplace training and educational pathway/foundation programs.

The ES Facilitator Training will be delivered to participants, as a mix of classroom-based and online instruction. The Training Plan includes a classroom-based training course at NIC's Mount Waddington campus (ES Introductory Training, August 8 - 10, 2017), followed by two online ES Core Skills courses implemented over a four-month period (August - November, 2017). Successful completion of these three ES courses will qualify participants to design and deliver customized ES courses. Participants wishing to continue their studies can apply their three credit courses toward completion of Douglas College's ES Practitioner Training Certificate (acquiring certification with the completion of three remaining online courses).

### **Training Overview & Delivery Method:**

The Essential Skills Facilitator Training Program (the three core courses listed below) will be delivered in the following two segments:

1. Essential Skills Introduction/Career & Education Readiness (Classroom-based)

North Island College, Mount Waddington Campus (August 8 - 10, 2017)

Course modules will be delivered by ACCESS and North Island College, and include:

- ✓ Essential Skills Introduction & Program Overview
- ✓ Educational Coaching & Support
- ✓ Webinar & Discussion Posts
- ✓ Career and Education Planning
- ✓ Education Readiness & Navigating Online Courses (Computer Skills)

2. ES Core Skills Training (2 Online Courses, to be Completed August - November 2017)

These course modules will be taught by Douglas College online instructors:

- ✓ Essential Skills Methodology & Task Analysis
- ✓ Bridging the Gap (Applications for Customized Delivery)

### **PARTICIPANT COSTS**

Tuition for this program is set at \$150 per participant. Additional program funding is provided by the Ministry of Advanced Education, provided that applicants meet the following criteria

- ✓ Unemployed
- ✓ Underemployed (those holding seasonal, casual, or part-time positions)
- ✓ Low-skilled (those not currently working in positions that use their previous education/skills)

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For additional program information and to determine eligibility please contact:

Wendy Samaroden, Continuing Education, Campbell River Campus

[wendy.samaroden@nic.bc.ca](mailto:wendy.samaroden@nic.bc.ca) | 250-923-9728 | 1-888-293-3177 ext 7728

Please Note: The Application is available online, or through contacting Wendy at North Island College, or from the Education Manager Iris Frank.



# Yuchap-Panač

*“Cruising around respectfully”*

Tla-o-qui-aht outdoor summer explorations of culture, language, traditional foods & fun!

## Tuesdays Esowista & Tyhistanis:

Meeting point 10am, New Health Center

July 4

July 11

July 18

July 25

## Wednesdays Opitsat:

Meeting point 10am at MICC

July 5

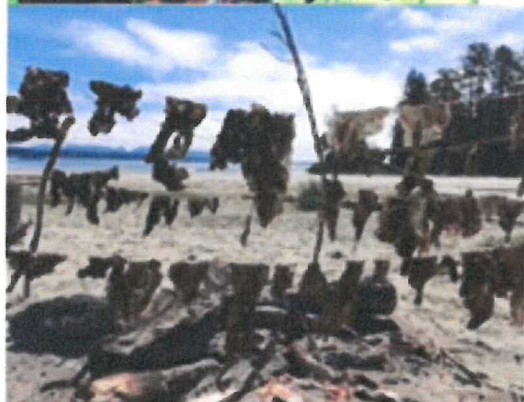
July 12

July 19

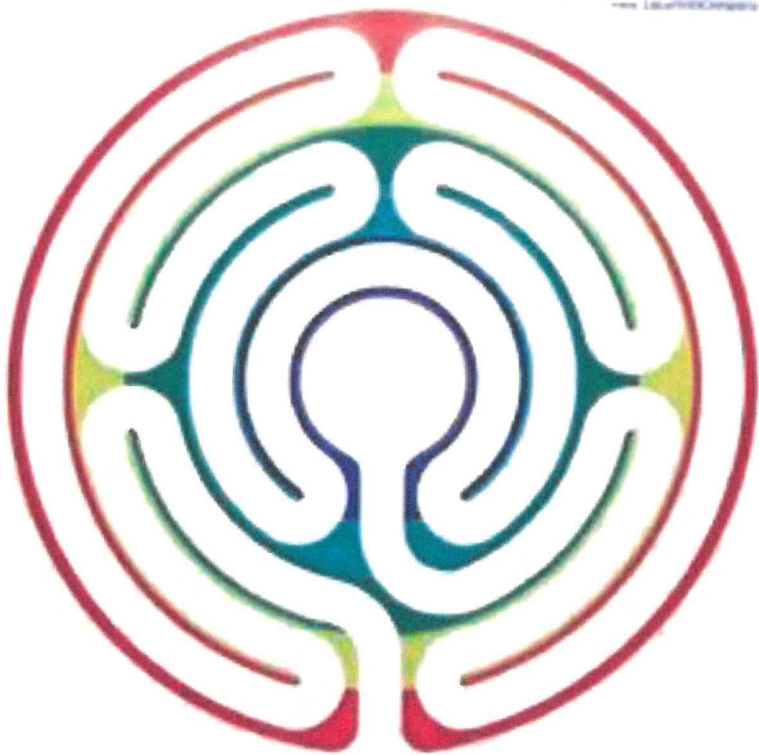
July 26

*All Community members welcome. Young children please be accompanied by adult. Wear shoes for outdoor exploration. Bring your own drinking water please.*

*Contact Gisele for more info at:  
250-725-8881*



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www.loramcneildesign.com



# JULY 13

## MIND BODY SPIRIT DAYCAMP

**10:00 to 2:00 @ Schooner Trail & Beach**

Ages 10 +

Join us for a fun day of nature based activities centered on enriching the mind, body and spirit. There will be games, forest adventures, earth art and much more!

Please sign up by calling Lora at 266-0497, email [lora.mcneil@nuuchahnulth.org](mailto:lora.mcneil@nuuchahnulth.org) or Facebook Lora CYW



**AGES 10+**

**MEET AT SCHOONER TRAIL IN TYHISTANNIS AT 10 SHARP!**

**COME PREPARED TO BE OUTSIDE ALL DAY**

**PLEASE BRING A LUNCH & WATER**

**PLEASE ASK IF TRANSPORTATION IS NEEDED**

### **GROUP LEADERS:**

**Lora McNeil**

NTC Child & Youth  
Counsellor

**Sarah Hogan**

WCRS Child & Youth  
Counsellor





Science Venture  
SINCE 1991

University of Victoria's Science Venture & Uu-a-thluk  
**Science Camp**  
July 31 – Aug 4, 2017  
10:00am – 3:00pm



Location:  
Tla-o-qui-aht First Nation Health Center  
Tiic-Mis-Aq'kin, Ty-Histanis  
Youth ages 8-12 are invited to participate  
Please pack a snack and lunch



For more information contact:  
Tla-o-qui-aht: Margaret Tom - 250-725-3350  
Uu-a-thluk: Michelle Colyn - 250-724-5757





# Building Communities

## WITH CMHC FIRST NATION HOUSING

Basic Home Maintenance  
Thursday, September 28<sup>th</sup>, 2017  
8:30 am

*Do you know your home maintenance responsibilities as a tenant? Do you know how to perform these duties safely?*

**In this one-day workshop you will learn how to:**

- Safely do basic home repairs;
- Prevent major repairs; and
- Help extend the life of your home.

**Who Should Attend?**

- Tenants
- Homeowners
- Chief and Council
- Housing Administration
- Maintenance Staff

\* Please note each participant is to fill out their own registration form.

Name: \_\_\_\_\_

First Nation: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Location:**

Tla-o-qui-aht First Nation

**To Register:**

Please drop off your registration form to Ivy Bell (Housing Manager) at the Tla-o-qui-aht First Nation band office.

**Questions:**

Please contact Ivy Bell at 250-725-3350 or [housing@tla-o-qui-aht.org](mailto:housing@tla-o-qui-aht.org)

**Continental breakfast and lunch will be served.**

**Sign up now!**



[copsforcancerbc.ca](http://copsforcancerbc.ca)



## Nuu-chah-nulth Nations Host Dinner for Tour de Rock

DATE: FRIDAY September 29, 2017  
LOCATION: ALBERNI ATHLETIC HALL  
TIME: Doors open 5pm  
Dinner at 6pm

Accepting donations of seafood and other food items  
Silent Auction  
50/50 draw

SEEKING VOLUNTEERS  
COOKS, SERVERS, USHERS, ETC.  
PLEASE CONTACT MATILDA ATLEO AT [matildaatleo@gmail.com](mailto:matildaatleo@gmail.com)  
or 250-720-6141

TOUR SPONSOR







**Tla-o-qui-aht First Nation School Supply Financial Assistance Application**  
 Please submit your completed application to – *Iris Frank, Education Manager*  
 By fax: 250.725.3352  
 Email: [education@tla-o-qui-aht.org](mailto:education@tla-o-qui-aht.org)  
 In person: 1119 Pacific Rim Hwy or for more information call 250.725.3350  
 Toll Free: 1.888.425.3350  
[www.tla-o-qui-aht.org](http://www.tla-o-qui-aht.org)

## Tla-o-qui-aht First Nation School Supplies Financial Assistance Application

Funding for School Supplies Financial Assistance is only available to Tla-o-qui-aht students who are registered with Tla-o-qui-aht First Nation, and registered in elementary or high school, and who are in Grades Kindergarten to grade 12 (age 19 and under).

<b>INITIAL DEADLINE:</b>	<b>Second Tuesday of AUGUST, each school year.</b>
<b>FINAL DEADLINE:</b>	<b>Last Friday of September, each school year.</b>
<b>Kindergarten to Gr. 7:</b>	<b>\$50 per student (school supply assistance)</b>
<b>Grade 8 to Grade 12:</b>	<b>\$100 per student (school supply assistance)</b>

*To avoid delays, please fill in completely.*

### PAYMENT DETAILS AND CONTACT INFORMATION

Payable to: \_\_\_\_\_  
 Parent / Guardian

Address: \_\_\_\_\_  
 Mailing  
 \_\_\_\_\_  
 Residential

Telephone: \_\_\_\_\_ Cellular: \_\_\_\_\_

Alternate Tel: \_\_\_\_\_ Email: \_\_\_\_\_

### STUDENT INFORMATION

Student	Grade	School	D.O.B.	Status #
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____







Tla-o-qui-aht First Nations

P.O. Box 18, Tofino, B.C. V0R 2Z0

(T) 250 725 2351 (F) 250 725 2135

### Tlucha Childcare ~ Pre-Registration:

Date of Enrollment: \_\_\_\_\_ End date: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_

Type of Care Required: (circle one) F/T P/T Mon/Tues/Wed/Thurs/Fri

**Child's Full Name:**

\_\_\_\_\_

Sex: \_\_\_ Male \_\_\_ Female Birthdate: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address If Different from Above: \_\_\_\_\_

\_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Band Number: \_\_\_\_\_

Do you live on Tla-o-qui-aht Reserves? Yes \_\_\_ No \_\_\_

**Parent/Guardian Information:**

Child lives with: Father\_\_ Mother\_\_ Other\_\_\_\_\_

**Parent/Guardian#1:** \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Email: \_\_\_\_\_

Place of Employment/School: \_\_\_\_\_

Day time contact number: \_\_\_\_\_

**Parent Guardian#2:** \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Email: \_\_\_\_\_

Place of Employment/School: \_\_\_\_\_

\_\_\_\_\_

Day time contact number: \_\_\_\_\_

**Others in Home:**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



**Are there custody concerns: Please explain and attach relevant documents:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contacts: (must have 3 contacts)**

1. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Cell #: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Cell #: \_\_\_\_\_
3. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Persons Not Permitted Access to Child:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Persons Authorized to pick up Child from Facility:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Information:**

Care Card Number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Special Health/Care Information:**

**Allergies:** Yes\_\_ No\_\_

If yes, please explain and fill out care plan: \_\_\_\_\_

**Asthma:** Yes\_\_ No\_\_

If yes, explain medication and fill out medication release

**Other Health Care Needs (please explain):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does your child require medication during school hours? Yes\_\_ No\_\_

If yes, please fill out Care Plan \_\_\_\_\_

**Special Education Instructions:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List of relevant Assessments and Referrals included in Registration:**

\_\_\_\_\_  
\_\_\_\_\_



Briefly explain your child's developmental skills and abilities:

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**CHILD CARE AGREEMENT:**

> In event of an emergency, I hereby give consent for my child to receive emergency care by a physician and/or ambulance, if deemed necessary. \_\_\_\_\_

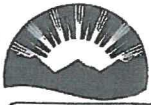
≥ I hereby give consent for my child to participate in the field trips organized by TFN Child Care center. I understand that my child will walk (short trips near the center). \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Managers Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*PLEASE PROVIDE US WITH A COPY OF YOUR CHILD'S BIRTH CERTIFICATE AND IMMUNIZATION RECORD**



The personal information collected on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act for the purpose of administering the Child Care Subsidy Act. The Freedom of Information and Protection of Privacy Act protects the personal information collected from unauthorized use and disclosure. 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 or inquire in writing to the address at the end of this form.

Case ID (office use only)

See 'About Child Care Subsidy' and the 'Forms and Documents Checklist' at the end of this form for more information or visit www.gov.bc.ca/childcaresubsidy.

Changes to any of the information you provide must be reported to the Child Care Subsidy Service Centre at 1-888-338-6622.

Section 1 - Family Members

A 'Family' is the applicant, spouse or partner, dependent children and dependent adults living in the home.

Applicant

Applicant's Last Name, First Name, Middle Name, Gender, Date of Birth, Primary Phone Number, Secondary Phone Number, Social Insurance Number (SIN), etc.

Home Address

Unit #, Home Address, City/Town, Province, Postal Code

Mailing Address

Unit #, Mailing Address, City/Town, Province, Postal Code

Spouse

Include if you are sharing income and/or assets with a spouse or live-in partner who may or may not have a parental role to the children.

Spouse's Last Name, First Name, Middle Name, Gender, Date of Birth, Social Insurance Number, etc.

Dependants

The number of dependants living in your home affects your eligibility. A 'Dependant' is anyone who resides with you and relies on you for the necessities of life. List all dependants living in the home even if child care is not required for the child.

Dependent Children

Last Name, First Name, Middle Name



Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (yyyy-mmm-dd)	This person (check all that apply): <input type="checkbox"/> requires childcare. <input type="checkbox"/> is a child with designated special needs. <input type="checkbox"/> is a child living with you via a ministry placement.	
Last Name		First Name	Middle Name
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (yyyy-mmm-dd)	This person (check all that apply): <input type="checkbox"/> requires childcare. <input type="checkbox"/> is a child with designated special needs. <input type="checkbox"/> is a child living with you via a ministry placement.	
Last Name		First Name	Middle Name
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (yyyy-mmm-dd)	This person (check all that apply): <input type="checkbox"/> requires childcare. <input type="checkbox"/> is a child with designated special needs. <input type="checkbox"/> is a child living with you via a ministry placement.	
Last Name		First Name	Middle Name
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (yyyy-mmm-dd)	This person (check all that apply): <input type="checkbox"/> requires childcare. <input type="checkbox"/> is a child with designated special needs. <input type="checkbox"/> is a child living with you via a ministry placement.	
Last Name		First Name	Middle Name

Do you share custody of any of these children?  Yes  No

If yes, please enter the details of the custody arrangement. Include the name of the child(ren), days and times they reside with you.

**Dependent Adults**

Last Name		First Name		Middle Name
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (yyyy-mmm-dd)	Social Insurance Number	This person (check all that apply): <input type="checkbox"/> receives government disability benefits. <input type="checkbox"/> receives income	
Last Name		First Name		Middle Name
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (yyyy-mmm-dd)	Social Insurance Number	This person (check all that apply): <input type="checkbox"/> receives government disability benefits. <input type="checkbox"/> receives income	

**Section 2 - Reason for Needing Child Care**

To be eligible, you and your spouse need a reason for child care. Select your reason below. If eligible, Child Care Subsidy may be provided for the time doing this activity. You are responsible for any extra care if you choose to have care during other days or times. If the reason is medical, the amount of Child Care supported will be listed by your doctor on the Medical Condition Form. If you are referred by a Social Worker, the amount of time supported will be listed by the Social Worker on your Referral for Child Care Subsidy Form. If your child attends a licensed preschool, only the time spent at the licensed preschool will be supported unless there is an additional reason for care.

**Applicant**

Do you have (check all that apply):		
<input type="checkbox"/> a medical condition?	<input type="checkbox"/> a child in a licensed preschool?	
Are you currently (check all that apply):		
<input type="checkbox"/> employed	<input type="checkbox"/> self-employed	<input type="checkbox"/> attending an employment program
		<input type="checkbox"/> attending school <input type="checkbox"/> looking for work
Name of employer(s), school, training program, or state "looking for work"	Start Date (yyyy-mmm-dd)	End Date (yyyy-mmm-dd)

Days per week you do this activity (check all that apply)  Mon  Tues  Wed  Thu  Fri  Sat  Sun

If you have a set schedule, you usually: Start at:  AM  PM and End at:  AM  PM

If your schedule varies, you average: hours per day: \_\_\_\_\_ days per week: \_\_\_\_\_

Additional Information (or attach a schedule)

**Spouse**

Does your spouse have (check all that apply):  a medical condition?  a child in a licensed preschool?

Is your spouse currently (check all that apply):  employed  self-employed  attending an employment program  attending school  looking for work

Name of employer(s), school, training program, or state "looking for work" Start Date (yyyy-mmm-dd) End Date (yyyy-mmm-dd)

Days per week you do this activity (check all that apply)  Mon  Tues  Wed  Thu  Fri  Sat  Sun

If your spouse has a set schedule, they usually: Start at:  AM  PM and End at:  AM  PM

If your spouse's schedule varies, they average: hours per day: \_\_\_\_\_ days per week: \_\_\_\_\_

Additional Information (or attach a schedule)

**Section 3 - Income**

All income must be reported. Check either 'Yes' or 'No' for each type of income for Applicant and Spouse. If you have no income, describe how you are supporting your family under 'Additional Information'. Submit proof of all income (see Forms and Documents Checklist).

Type of Income	Applicant	Spouse
Employment Income	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount per hour \$ _____ (or salary)	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount per hour \$ _____ (or salary)
Self-Employment Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employment Insurance Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Income Assistance or Band Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Worksafe BC	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Federal Benefits (CPP, Survivors Benefits, CPP Disability etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Training or Living Allowance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grants/bursaries/scholarships	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Investments, interest etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spousal Support	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount per month \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount per month \$ _____
Tips	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount per month \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount per month \$ _____
Income from a rental property or suite	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount per month \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount per month \$ _____
Other Income	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount per month \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount per month \$ _____

## Section 4 - Comments

Please provide any additional information you would like us to know about.

## Section 5 - Declaration and Consent

**Applicant:** I confirm the information supplied by me is true and complete. I understand:

- 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 or to any subsequently provided information.
- 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 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 provided regarding this application, or any updated or subsequently provided information. I also consent to the collection of verifying information from third parties. Information may be verified with any person or source, for the purpose of determining or auditing my eligibility for Child Care Subsidy.

### Consent to share information

As the applicant, do you consent to the disclosure of information to your spouse, as identified on this form, relating to this application or your eligibility for Child Care Subsidy by the Child Care Subsidy Service Centre?

Yes. Share information with my spouse. If I wish to withdraw this consent, I may do so at any time by writing to the Child Care Subsidy Service Centre.

No. Do not share any information about this application or my eligibility with my spouse and remove any previous consent to share.

**This application is not valid until it has been signed and dated**

Applicant's Name (please print)	Applicant's Signature	Date Signed (yyyy-mm-dd)
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### Spouse or Partner

I consent to the verification of information provided by the applicant regarding myself in this application, or any updated or subsequently provided information. I also consent to the collection of verifying information from third parties. Information may be verified with any person or source, for the purpose of determining or auditing my eligibility for Child Care Subsidy.

Spouse's Name (please print)	Spouse's Signature	Date Signed (yyyy-mm-dd)
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## Submit your Completed Application and Supporting Documents

Fax or mail your completed application and supporting document copies to the Child Care Subsidy Service Centre. Keep a copy for your records.

If you are faxing your application, please print your name on the top of every page.

**Toll Free Fax:** 1-877-544-0699

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

**For more information, call the Child Care Subsidy Service Centre toll free at 1-888-338-6622.**





# About Child Care Subsidy

## What is Child Care Subsidy?

A monthly payment to help pay the costs of child care. The amount depends on your family's size, ages of children, family income, and type of child care.

## Who can apply?

Parents or guardians who are B.C. residents and Canadian citizens (including permanent residents or convention refugees) can apply. If you have an eligible reason for needing child care, and you are financially eligible, you may be eligible to receive full or partial subsidy.

## How Does Child Care Subsidy Work?

**Step 1 Find a child care provider and complete the Child Care Arrangement Form**

**Step 2 Complete your Application and gather your supporting documents**

Applicants are asked to submit supporting documents with their application. The list on the next page will help you know what to submit.

**Step 3 Submit your Application**

Avoid delays by submitting all of your supporting documents with your Child Care Subsidy Application. Fax or mail to the Child Care Subsidy Service Centre.

**Step 4 Your child care provider submits a claim for payment**

If you are eligible, you and your child care provider will receive a Benefit Plan that outlines the amount of your monthly subsidy, the start and end date of monthly subsidy payments, and a list of all children in your family receiving subsidized child care.

**Step 5 When your Benefit Plan Ends**

Child Care Subsidy will send you a reminder letter when your Benefit Plan ends. To avoid delays, keep track of the Benefit Plan end date and ensure your address is current. You will need to provide updated information to ensure continued eligibility.

## What happens if you are not eligible for Child Care Subsidy?

A letter will be sent to you telling you the reason(s) why you are not eligible.

If you don't agree with the decision, you may ask for a [reconsideration](#).

## Eligible reasons for needing child care

- working or self-employed
- attending school or enrolled in distance education
- enrolled in an employment program
- looking for work (only 1 parent at a time)
- a medical condition
- a child attending a licensed preschool
- a referral by a Ministry or Delegated Aboriginal Agency social worker

## Contact Us

### Child Care Subsidy Service Centre

Phone in Victoria: 250-356-6501  
Toll Free: 1-888-338-6622  
Fax: 1-877-544-0699

### Translation services

Call Child Care Subsidy and ask for a translator. Translation services are available in over 150 languages.

## Need Help?

### Child Care Resource and Referral (CCRR)

For help finding a child care provider in your area or with your subsidy application. Find your local office at [www.crrr.bc.ca](http://www.crrr.bc.ca).

### Forms

Available on the Website or at your local CCRR office.

### Website

[www.gov.bc.ca/childcaresubsidy](http://www.gov.bc.ca/childcaresubsidy)



# Forms and Documents Checklist

## Which Supporting Documents are Required with my Application?

**Child Care Arrangement Form (CF2798)**

You and your Child Care Provider must complete this form. A separate form is required for each child care provider.

**Identification for all Family Members**

A copy of government-issued identification (birth certificate, Canadian Citizenship Card, passport, driver's license, provincial identification, care card, Certificate of Indian Status Card).

**Citizenship Status in Canada for Applicant**

A copy of any formal document issued by Citizenship and Immigration Canada that confirms your status in Canada.

**Special Needs Form (CF2951) for children designated as special needs**

**Proof of Reason for Needing Child Care**

Reason for needing child care	Documents required to support your proof of reason
Education	Student loan notice of assessment or school registration and class schedule
Looking for work	Keep track of looking for work activities (CF2910)
Employment Program or SPEI	Copies of registration in employment program or SPEI Action Plan
Medical Condition	Medical Condition Form (CF2914)
Social Worker Referral	Referral to Child Care Subsidy (CF2044) from Social Worker
Child attending preschool	Child Care Arrangement Form (CF2798)

**Proof of Family Income**

Type of Income	Proof of Income
Employment	Copy of 2 consecutive pay stubs
Self-Employment	Self-Employment Form (CF2568) or proof of 'owners' draw if inc. or ltd.
Employment Insurance	Copy of Employment Insurance statement
Income Assistance or Band Assistance	Copy of Statement
WorkSafe BC	Copies of last 2 statements
Federal Benefits (CPP, Survivor, Disability)	Copy of statement
Training or Living Allowance	Copy of statement
Grants or Scholarships	Copy of statement
Other, investment, interest etc.	Copy of statement
Lump Sum Income	Copy of amount received or amount reported by applicant