

Authorization For Private Child Care

The information collected on this form is for the purpose of determining child care benefits under the Child and Youth Support (CYS) Program. The collection, use and disclosure of your personal information is done under the authority of the *Child, Youth and Family Enhancement Act* and is in compliance with the *Freedom of Information and Protection of Privacy (FOIP) Act*. If you have any questions about the collection of this information, please contact your caseworker.

Please complete the following form and return it to the **Child and Youth Support (CYS) Program** as soon as possible. No benefits for private child care will be issued until this form is completed and signed.

A new form must be completed and submitted if any of the following information changes. A copy of the child care provider's picture ID may be requested.

_____ has made a private arrangement for the following person to provide child care.
Name of CYS Caregiver/Guardian

Child Care Provider's Information				
Name	<i>surname</i>	<i>first name</i>	<i>middle name</i>	
Address	<i>street, avenue, RR#, etc.</i>			
City/Town	Postal Code	Home Phone Number	Cellular Number	
Mailing Address <i>(if different from above)</i>				
Relationship to the child?		At what location is the child care provided?		

Child's Information			
Name	<i>surname</i>	<i>first name</i>	<i>middle name</i>
Birthdate (yyyy/mm/dd)	Expected number of hours of care per day	Expected number of days of care per week	Expected Total Hourly or Monthly Cost

****Note: A separate form is required for each additional child.**

In the situation where the CYS Caregiver has not obtained Private Guardianship, has the parent/guardian been made aware of this child care arrangement? Yes No

Declaration and Signatures

- ➔ I declare the information on this form is true and complete.
- ➔ I will immediately report any changes as they occur.
- ➔ I understand that the Child and Youth Support (CYS) Program may need to contact resources to verify the information I have provided on this form.
- ➔ I understand that giving false or incomplete information may result in recovery of overpayment and/or fraud charges.

Signature of CYS Caregiver/Guardian	date (yyyy/mm/dd)	Return this form to CFSA Office Address: Worksite Name/Stamp
Signature of Child Care Provider	date (yyyy/mm/dd)	