BRITISH COLUMBIA

Ministry of Education and Child Care

Affordable Child Care Benefit
Medical Condition

The personal information collected by the Ministry of Education and Child Care on this form is collected under the authority of the *Freedom of Information and Protection of Privacy Act* s. 26(c) for the purpose of administering the *Child Care Subsidy Act*. If you have any questions about the collection, use or disclosure of this information, please call the Child Care Service Centre at 1-888-338-6622 or inquire in writing to the address at the end of this form.

Medical Condition: The purpose of this form is to establish eligibility for the Affordable Child Care Benefit and confirm the applicant's (or spouse's) medical condition interferes with their ability to care for their children.

Section 1 Physician or Nurse Practitioner Assessment

This section must be completed by a physician or nurse practitioner in a medical field relevant to the patient's medical condition. Midwives may complete this section and authorize this form when the condition is 'pregnancy to postpartum' related. This form is not to be used for 24 Hour Care, Respite Care, Homemakers, Child or Family Support Workers.

I confirm that _____
(Name of the person with medical condition)

has a medical condition that interferes with their ability to care for their children.

The medical condition is: ◯ Permanent Start Date: _____ (yyyy-mmm-dd)

or

◯ Temporary Start Date: _____ (yyyy-mmm-dd) Expected End Date: _____ (yyyy-mmm-dd) or ☐ Unknown

☐ Child care is required for all children or list names of children requiring care: _____

Specify the days and times child care is required due to the medical condition

Days/week: ☐ MON ☐ TUE ☐ WED ☐ THU ☐ FRI ☐ SAT ☐ SUN

Time of day child care is required: From: _____ To: _____

If this person has school aged children, indicate days and times care is required when school is not in session:

Days/week: ☐ MON ☐ TUE ☐ WED ☐ THU ☐ FRI ☐ SAT ☐ SUN

Time of day child care is required: From: _____ To: _____

Additional Information

Physician's or Nurse Practitioner's Signature	Physician's or Nurse Practitioner's Name	Date Signed (yyyy-mmm-dd)

Physician's or Nurse Practitioner's Stamp with Contact Information

Please return to the applicant to complete Section 2 and submit to the Child Care Service Centre.

Section 2 Applicant Information

Legal Name (Please Print)	Social Insurance Number	Phone (999-999-9999)

Once completed, please fax or mail to the Child Care Service Centre

Toll Free Fax 1-877-544-0699
Toll Free Phone 1-888-338-6622
Website: gov.bc.ca/affordablechildcarebenefit

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

AFFORDABLE CHILD CARE BENEFIT DOES NOT PAY FOR THE COMPLETION OF FORMS