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CASE ID (office use only)

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

SECTION 1 Physician Assessment

This section must be completed by a physician 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 _____ has a medical condition that interferes with their ability to care for their children. (NAME OF THE PERSON WITH MEDICAL CONDITION)

The medical condition is: [] Permanent Start Date: _____ (YYYY/MM/DD)

[] Temporary Start Date: _____ Expected End Date: _____ or [] Unknown (YYYY/MM/DD)

[] 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 SIGNATURE
PHYSICIAN'S NAME
DATE SIGNED (YYYY/MM/DD)
PHYSICIAN'S STAMP WITH CONTACT INFORMATION

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

SECTION 2 Applicant Information

LEGAL NAME (PLEASE PRINT) SIGNATURE SOCIAL INSURANCE NUMBER PHONE

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

Toll Free Fax 1-877-544-0699

Toll Free Phone 1-888-338-6622

Website: www.gov.bc.ca/childcaresubsidy

Mailing Address

Child Care Subsidy Service Centre

PO Box 9953 Stn Prov Govt

Victoria BC V8W 9R3

CHILD CARE SUBSIDY DOES NOT PAY FOR THE COMPLETION OF FORMS