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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 that the applicant's (or spouse's) medical condition interferes with their ability to care for their children.

The first section (Section 1) must be completed by a physician in a medical field relevant to the applicant's or spouse's medical condition. Please use blue or black ink and print clearly.

SECTION 1 Physician Assessment

I confirm that _____ has an existing medical condition that began on _____ and interferes with his/her ability to care for his/her child(ren) and expect this condition to continue until _____ OR is [] Permanent

Identify when each of the children require child care (This section must also be completed by the Physician. Attach additional pages if needed).

Table with 2 rows for child information, including last name, first name, birth date, and child care schedule.

Physician's signature and name fields.

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

Form for applicant information including last name, first name, social insurance number, and 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

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