

Kin Child Care Subsidy

Information on how to receive monthly Kin Child Care payments

Overview

Child Care Subsidy is available to help offset the cost of child care for eligible lower-income families. There are several types, one of which is the Kin Child Care subsidy which provides funds for relatives to care for children. To receive Kin Child Care subsidy, applicants must demonstrate a valid reason for care for a minimum amount of hours per month. For more information on Kin Child Care and other child care subsidies, please visit <https://www.alberta.ca/child-care-subsidy.aspx>.

If you are approved for Kin Child Care subsidy, you will be required to complete a few additional steps before you can start receiving subsidy:

1. Download and fill out a [Caregiver Monthly Claim Receipt for Care form](#).
 - You will need to fill out and provide this form every month. More on this below.
2. Prepare a void cheque **OR** download and fill out a [direct deposit form](#).
3. Ensure your forms are printed and have the necessary signatures. Package the forms (and/or void cheque) and send them by email (preferred), fax or mail to:

Email: css.childsubsidy@gov.ab.ca
Fax: 780-422-5692

Child Care Subsidy
PO Box 1641, Station M
Edmonton, Alberta T5J 2N9

Submitting your monthly claim

A new [Caregiver Monthly Claim – Receipt for Care](#) form must be provided for payment following each month of care. Complete and send the form to the address above (preferably email) for every month you make a claim.

- The earliest the form can be submitted is the first day of the following month. Example: An April claim form can be submitted starting on May 1.
- The form cannot be copied from a previous month, overwritten, or altered in any way.
- The form must be completed in full, include the hours of care provided during the claim period for each child, and the amount that was paid to the caregiver.
- The form must be signed and dated by both the parent and relative caregiver confirming all information is true and accurate.

If you have any questions, please contact the Alberta Supports Contact Centre at 1-877-644-9992 (toll free) or 780-644-9992 (Edmonton Area).

Verifying records

The information you provide on your application form and monthly claim forms may be verified by a Children's Services representative at any time during your approval period. Giving false information or failure to report any changes in the month they occur may result in a recovery action to repay any subsidy. Examples of information we may request to verify your claim include:

- Records of all payments made to the caregiver.
 - Applicant(s) must keep records of these payments. We recommend that payments are not made in cash.
- Documents verifying the relation of the caregiver to the child.
 - The caregiver must be related to the child. Documents may be requested to verify the relationship, such as marriage certificates and/or birth certificates. Biological parents and step-parents are not eligible to receive funding as a caregiver.
- Documents supporting the requirement for the minimum hours of care to be eligible for kin child care subsidy.
 - Applicant(s) are required to have a valid reason for requiring the minimum hours of care in a month. For example, you are working or attending school. In these cases, we may request proof of employment or that you are attending school.
- Documents verifying the current residential address or legal land description for the applicant or the caregiver.
 - The caregiver cannot reside in the same home as the applicant(s). For verification, we accept documents such as utility bills, lease agreements, or mortgage documents. The documents you provide must report a residential address. Documentation reflecting a PO box number only will not be accepted.

Eligibility


To be eligible to receive Kin Child Care subsidy, applicants must demonstrate a valid reason for care for:

- a minimum of 50 hours per month for 0 to kindergarten (pre-school age children).
- a minimum of 25 hours per month for children in Grades 1 to 6.

You will only receive Kin Child Care subsidy of the amount paid to the caregiver, even if it is less than your eligible benefit. Once children turn 13 years old or start grade 7, they will no longer qualify for Kin Child Care subsidy.

Sample monthly claim form

- ➔ In the “Relationship to caregiver” column, describe how your child is or children are related to the caregiver. For example: niece, nephew, grandchild, sister, brother, cousin etc...
- ➔ In the “Funding received from the child’s parent (\$)” column, enter the total amount you paid the caregiver for each particular child, including the subsidy portion.



Caregiver Monthly Claim - Receipt for Care

Child Care Subsidy Program

The information you provide on this form is collected under the *Government Organization Act* and will be used to verify placement with a caregiver for funding purposes. The collection, use and disclosure of information is in compliance with the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection of this information, you may contact your local Child and Family Services Authority.

Applicant's <small>surname</small>	<small>first name</small>	Claim Period (month/year)

Relative Caregiver Declaration

Child's Name	Relationship to caregiver	Hours of care provided during this claim period	Funding received from the child's parent (\$)

➔ I declare that the above information is true and accurate. ↑

➔ I declare that I have provided the hours of care as listed above for each child and received the funding amounts indicated for that care during this claim period. ↑

Relative Caregiver Name (PRINT)
Date (yyyy/mm/dd)
Signature of Relative Caregiver

Parent / Applicant Declaration

➔ I declare that the above information is true and complete.

➔ I understand that the Ministry of Human Services may verify the information on this form.

➔ I understand that giving false or incomplete information could result in recovery of funding.

Parent's/Applicant's Signature
Date (yyyy/mm/dd)

FOR OFFICE USE ONLY - PAYMENT RECONCILIATION

Payment Recommended \$	Date (yyyy/mm/dd)	Assessor's Initials

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