



The personal information collected on this form is under the authority of the Child Care Subsidy Act. The information will be used to determine eligibility for child care subsidy. Personal information is protected from unauthorized use and disclosure in accordance with the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, use or disclosure of this information, please call the Child Care Subsidy Service Centre at 1-888-338-6622.

Use this form to indicate an applicant or spouse who has a medical condition that interferes with his or her ability to care for his or her child(ren). Section 2 of this form must be completed by a physician in a relevant medical field to the medical condition listed.

SECTION 1 PERSON WITH A MEDICAL CONDITION (Please print)

Form with fields for APPLICANT'S NAME (Last, First and Middle), APPLICANT'S SOCIAL INSURANCE NUMBER, and NAME OF PERSON WITH MEDICAL CONDITION.

SECTION 2 PHYSICIAN ASSESSMENT (Must be completed by a physician)

Physician assessment form with checkboxes for confirming medical condition, child care requirements (hours/day, days/week), and school attendance (Yes/No).

PHYSICIAN'S STAMP area

Forms can be obtained at one of the following: www.mcf.gov.bc.ca/childcare/application.htm OR the CCSSC at 1-888-338-6622 OR Service BC Centres at 1-800-663-7867 OR your local Child Care Resource and Referral office