

**EMPLOYMENT ONTARIO – ONTARIO SELF EMPLOYMENT (OSEB) PROGRAM**  
**Request for Financial Assistance for Dependent Care Costs**

Declaration to be completed by the other parent of the dependant, if he or she is not the spouse or common law partner of the applicant.

The personal information on this declaration is collected by the Ministry of Training, Colleges and Universities to administer and finance an application made by  
 (insert name of applicant \_\_\_\_\_)  
 for financial assistance for dependent care costs for the dependents listed below. The Ministry may contact other parties to verify this declaration.

The Ministry collects and protects this personal information in accordance with the *Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c. F.31, as amended. If you have any questions or comments, you can contact the Manager, Employment Ontario Hotline, in writing at the Ministry of Training, Colleges and Universities, 33 Bloor St. E., 2<sup>nd</sup> Floor, Toronto, Ontario M4W 3H1 or by phone at 1-800-387-5656.

Name of Other Parent: \_\_\_\_\_

Dependant's Full Name	Date of Birth if under 14 years of age	Total # of Hours of care provided per day while the applicant is involved in workshop activity	Total # of Days of care provided per week while applicant is involved in workshop activity	Cost of care per hour/week/month (specify payment intervals) while the applicant is involved in workshop activity

- I declare that I am the parent of these dependent(s) and I am not able to care for them while the applicant is attending workshop activity only,
- OR
- I declare I am able to care for the above dependants AND
- I do not receive any subsidy or funding from any other source, including the Ministry of Training, Colleges and Universities, for any portion of the cost of the dependent care listed above.
  - The information on this declaration is true, accurate and complete and I understand that if it is not the applicant may be required to repay some or all of the financial assistance received from the Ministry.
  - I consent to the Ministry collecting relevant personal information about me from other parties if necessary to verify my declaration.
- I am unable to have this form completed because: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Other Parent: \_\_\_\_\_ Date: \_\_\_\_\_