

INCOME VERIFICATION

Families with net income (Line 236 on your income tax) below the current Statistics Canada Low Income Cut-Off (LICO) before tax guidelines (see 2022 table) are eligible for funding of up to a maximum of \$400 per child per calendar year.

Family Size	Family Income (based on line 236)
1 person (e.g. Independent youth)	\$25,303
2 persons (e.g. 1 parent + 1 child)	\$31,498
3 persons	\$38,723
4 persons	\$47,016
5 persons	\$53,323
6 persons	\$60,142
7 or more persons	\$66,958

We will need to see the most current year's **Canada Child Benefit (CCB-OCB) Notice** which shows your marital status and the number of children in the family to verify family size, as well as your family's net income (Line 236). If you don't have the CCB notice, then an alternative would be either the Ontario Trillium Benefit (OTB) notice or GST-HST Credit notice.

Alternatives to the above include:

- A recent Ontario Works (OW) statement that shows monthly amount.
- For refugees-immigrants, we can accept a Statutory Declaration from Immigrant Services or Settlement Services.

If these documents cannot be provided, please contact us to find out what we can accept.

OUR MAJOR PARTNERS



Applications accepted by mail, fax, email or in person

Contact us: Phone: 519-826-9551 ext 123

Email: freetogrow@childrensfoundation.org Web: www.childrensfoundation.org

Mailing address: 5068 Whitelaw Rd. Guelph, Ontario N1H 6J3

FOR APPLICATION HUB USE ONLY (please use applicable section):		Date: _____
For Ontario Works Caseworkers:		
<input type="checkbox"/> I verify that the family stated on this form are Ontario Works recipients.		
_____	_____	_____
<i>caseworker name</i>	<i>email address</i>	<i>phone number</i>
For Application Hubs:		
Income & Family Size Information: Income: _____ Marital Status: _____ Number of Children: _____		
Document Received (e.g., 2021 Canada Child Benefit Notice) _____		
_____	_____	_____
<i>worker name</i>	<i>email address</i>	<i>phone number</i>

Parent Name(s) _____

Child's First Name	Child's Last Name	Date of Birth (day / month / year)	Gender (identifies with)	Activity Type <i>Example: Swimming</i>	Activity Description <i>Example: Summer Preschool 1</i>	
			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Two-Spirit <input type="checkbox"/> Prefer not to say <input type="checkbox"/> A gender not listed here: _____			
		Age				
Organization offering the activity (who we would pay)		Start date of the activity		How many weeks will the activity run?	How many days per week will the activity run?	How long each day will the activity take place?
Total Cost	What amount, if any, can your family pay? Can be \$0	Any other funds you are receiving for this activity? Can be \$0		If receiving other funds, from who/where?		Amount requested from Children's Foundation <i>Maximum is \$400 per child, per year – provided funding is available.</i>

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