



# Bruce County Human Services Emergency Child Care Intake Form

Date:

Applicant Name:

Applicant Address:

Applicant Phone #:

Applicant Email:

	Name	Date of Birth
Applicant		
Spouse		
Dependent 1		
Dependent 2		
Dependent 3		
Dependent 4		

Source of Income:

Employment Details: List your employer, job title, days, hours of work and schedule.

Are you currently working from home?(Parents/Guardians working from home DO NOT qualify for Emergency Child Care)

Yes No

Have you received Emergency Child Care in the past?

Yes No If, yes, list program:

Name of Child Care Program required:

Please ensure application for Emergency Child Care is emailed to [childcare@brucecounty.on.ca](mailto:childcare@brucecounty.on.ca)

*Once this form is complete a Child Care Caseworker will arrange a phone call to complete your application. You must have your SIN # ready.*