

First Application    Change of Child Care Service    

Reapplication    Change of Income        

Reporting of Constitutional Status is Voluntary: Status Indian = S Non Status Indian = N Inuit = I Métis = M Non-Native = O

Saskatchewan Personal Health Number	Family Name	Given Name	Sex M-Male F-Female	Birth Date Year	Month	Day	Social Insurance Number(s)
	Applicant:						
	Spouse/Common-Law						
	Dependent Children under 18 years-of-age						

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Are you receiving social assistance payments from the Ministry of Social Services?

Correction area – if the above information or your address has been printed incorrectly, please list any changes.

ANSWER ALL OF THE FOLLOWING QUESTIONS:

1. Please provide the following:

Maiden Name: \_\_\_\_\_ Alias Name: \_\_\_\_\_ Other Name: \_\_\_\_\_

2. Your marital status:      Married       Single       Separated       Divorced       Widowed

3. Are you living common-law?      Yes       No       (You must answer this question if you are not married.)

4. If your marital status has changed since your last application, give date:        Year      Month      Day

5. If you or your spouse/common-law's income has changed since your last application, please give effective date:        Year      Month      Day

6. The Applicant is:      1.  Employed (Complete section A)      The Spouse/Common-law spouse is: 1.  Employed (Complete section A)  
 2.  Self-employed (Complete section B)      2.  Self-employed (Complete section B)  
 3.  Seeking employment (Complete section C)      3.  Seeking employment (Complete section C)  
 4.  Attending an education facility (Complete section D)      4.  Attending an education facility (Complete section D)  
 5.  Special Need (Complete section K)      5.  Special Need (Complete section K)

7. Are you or your spouse currently a student on a Study Permit issued by Citizenship and Immigration Canada?      Yes       No

8. Are both you and your spouse legally able to work in Canada?      Yes       No

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