

4. To assist in their treatment or recovery, does this patient require child care for their:

Infant (0-18 months)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Full Day	<input type="checkbox"/> Part Day
Toddler (18-30 months)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Full Day	<input type="checkbox"/> Part Day
Preschool Child (2.5-5 yrs)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Full Day	<input type="checkbox"/> Part Day
School-Age Child (5+)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Full Day	<input type="checkbox"/> Part Day

Please Note: In order for Child Care Subsidy to be approved, if the answer to the following question(s) is “Yes”, a date or estimated date must be specified. If the applicant’s condition has not improved by the date specified a new Medical Report will be required for Child Care Subsidy to be extended.

5. Do you expect sufficient improvement to take place in the mental or physical condition of this patient to allow this person to:

- i) return to their ability to care for their child(ren) on a full time basis? Yes No
If yes, when? _____
- ii) return to their previous work or occupation? Yes No
If yes, when? _____
- iii) return to any other type of work or occupation? Yes No
If yes, when? _____

CERTIFICATE OF ATTENDING PHYSICIAN

I, _____ am a legally qualified medical practitioner and this report contains my findings and considered opinions at this time.

Signature: _____ Date: _____

Address: _____

COLLECTION NOTICE

Personal information on this form is collected under the authority of Source **S.8-12**, O. Reg. 138/15; Child Care and Early Years Act, 2014, S. O. 2014, c. 11, Sched.1, and will be used to determine eligibility for Child Care Subsidy. Questions about this collection of personal information should be forwarded to the Manager, Child Care Subsidy, 5th Floor, 99 Regina St. South, Waterloo, Ontario N2J 4G6, telephone (519) 575-4400 ext 5518.