



Return to:

Municipality of Chatham-Kent
 Health and Family Services, Children's Services
 435 Grand Avenue West
 P.O. Box 1230 Chatham, Ontario N7M 5L8
 Tel: (519) 351-1228 Ext.2171 Fax: (519) 351-5090
<http://www.chatham-kent.ca/allforkids>
 e-mail: ckafk@chatham-kent.ca

A.L.L. for Kids Activity Request

Name of all adults living in the household:	
Mailing Address - include town & postal code	
Main Contact phone number:	E-mail address:
Have you been with ALL for Kids previously? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many children age 18 or under reside with you? _____ *If you are new to the program, you will be asked to submit copies of ALL your household members Birth Certificates*

Are you receiving any of the following (please check 'Yes' or 'No' to all the questions below):

Ontario Works (OW) Yes No
 Ontario Disability Support (ODSP) Yes No
 Childcare Subsidy from the Municipality Yes No

****If you have answered 'NO' to all of the above, please submit page 1 & 2 of your Canada Child Benefit (or Notice or Assessment if that is not available) within 30 days. To get a copy contact: Revenue Canada at 1-800-959-8281. You can attach the documents with your request or you can scan or take a picture and e-mail them in, Fax (Attn A.L.L. For Kids) or mail it to the above return address. If the documents are not received within 30 business days this request cannot be processed** Please see reverse for examples.**

Please fill in all the following information for your request to be processed. Incomplete information will delay your application. It will take up to one month to process your request. To add another child, please continue on the reverse side. Only requests listed on this form can be processed – changes or additions will require a new form.

First Child's Name:
CHILD'S BIRTHDATE
ACTIVITY
NAME OF BUSINESS/ORGANIZATION
WHAT MONTH DOES THIS ACTIVITY START?

Second Child's Name:
CHILD'S BIRTHDATE
ACTIVITY
NAME OF BUSINESS/ORGANIZATION
WHAT MONTH DOES THIS ACTIVITY START?

Upon approval, I give permission for the Municipality of Chatham-Kent, A.L.L. for Kids program, to submit my child's name, child's birthdate, and parent's name and phone number to the above organization to advise of the funding approval; as well as to any retail stores for subsequent requests to advise of funding approval for equipment. Initial noting: "I give permission": _____

A.L.L. for Kids is in part funded through the Canadian Tire Jumpstart program. If my child(ren) is/are funded under the Canadian Tire Jumpstart program, I give permission for the Municipality of Chatham-Kent, A.L.L. for Kids program, to submit my child's name, birthdate and mailing address to the Canadian Tire Jumpstart Foundation in the form of a grant report. If my child(ren) is/are funded under the Canadian Tire Jumpstart program, I give permission for the Canadian Tire Jumpstart Foundation to contact me. Initial noting "I give permission": _____

Signature of parent/guardian: _____

Date: _____

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Third Child's Name:

CHILD'S BIRTHDATE

ACTIVITY

NAME OF BUSINESS/ORGANIZATION

WHAT MONTH DOES THIS ACTIVITY START?

Fourth Child's Name:

CHILD'S BIRTHDATE

ACTIVITY

NAME OF BUSINESS/ORGANIZATION

WHAT MONTH DOES THIS ACTIVITY START?

Fifth Child's Name:

CHILD'S BIRTHDATE

ACTIVITY

NAME OF BUSINESS/ORGANIZATION

WHAT MONTH DOES THIS ACTIVITY START?

Six Child's Name:

CHILD'S BIRTHDATE

ACTIVITY

NAME OF BUSINESS/ORGANIZATION

WHAT MONTH DOES THIS ACTIVITY START?

If not in receipt of Ontario Works, O.D.S.P. or a Childcare Subsidy from our office, be sure to include pages 1 & 2 of your Canada Child Benefit (or Notice or Assessment if that is not available) with this request form:

Everyone 18+

Government issued Canada Child Benefit Statement OR Notice of Assessment for the most recent year showing line 236

Call Canada Revenue Agency 1-800-959-8281 to issue you a new one if it has been lost or stolen before submitting your application.

SHAWINIGAN-SUD QC G9P 5H9

Notice details

Social insurance number	XXX XXX XXX
Base year	2015
Payment period	Jul 2016 - Jun 2017
Date issued	Jul 20, 2016
Tax centre	Shawinigan-Sud QC G9P 5H9

TAXPAYER NAME
TAXPAYER ADDRESS

Canada child benefit (CCB) notice

We determined your annual entitlement based on the information we have. Please see the detailed explanation section for more information.

Your annual CCB entitlement is \$8,250.00.

Thank you,
Bob Hamilton
Commissioner of Revenue

Account summary

We deposited this amount into your bank account.

Amount deposited:	\$687.50
Date deposited:	Jul 20, 2016

Life's busy, so we'll remind you
Subscribe to our electronic mailing list at www.cra.gc.ca/lists and we will remind you of your next benefit or credit payment.

CCBE (16X)



SAMPLE

Notice of assessment

We assessed your 2015 income tax benefit return and calculated your balance.
You have a refund of
Use direct deposit to get your tax refund, credits and benefits faster. Sign up or update your banking information at www.cra.gc.ca/directdeposit.

Notice details

Social insurance number	
Tax year	2015
Date issued	Apr 18, 2016
Tax centre	Surrey BC V3T 5E1

Thank you,
Andrew Treusch
Commissioner of Revenue

T422 (16)

Tax assessment

We calculated your taxes using the amounts below.

We may review your return later to verify income you reported or deductions or credits you claimed. For more information, go to www.cra.gc.ca/reviews. Keep all slips, receipts, and other supporting documents in case we ask to see them.

Summary

Line	Description	(\$)	Amount CR/DR
150	Total income		
236	Deductions from total income		
236	Net income		36,339
260	Taxable income		
350	Total federal non-refundable tax credits		
6150	Total Yukon non-refundable tax credits		
420	Net federal tax		
428	Net Yukon tax		
435	Total payable		
437	Total income tax (refundable)		
448	CCB overpayment		
450	Employment insurance overpayment		

SAMPLE