



**Children’s and Community Services Division  
Healthy and Safe Communities Department  
Child Care Fee Subsidy Program**

PHYSICAL ADDRESS: Lister Block, 28 James St. N., 6<sup>th</sup> Floor  
Hamilton, Ontario L8R 2K1  
MAILING ADDRESS: Lister Block, 6<sup>th</sup> Floor, PO Box 2040  
Hamilton, Ontario L8P 4Y5  
Phone: 905-546-4870 Fax: 905-546-3064

**REQUEST FOR APPEAL/REVIEW OF SUBSIDY ELIGIBILITY DECISION**

It is the mandate of the Child Care Fee Subsidy Program to determine subsidy eligibility in a fair and equitable manner by following the guidelines and legislation determined by the Ministry of Education, and the policies and practices determined by the City of Hamilton. However, every case involves variables that can change how we view an application. Applicants have the right to request an Appeal/Review of their case should they feel the process is not reflective of their individual circumstances.

Your Subsidy Eligibility Worker may assist you in the Appeal/Review process by helping you to complete an Appeal/Review Request Form and provide you with an estimated date by which a decision will be reached.

After completion, your request for Appeal/Review will be submitted to the Supervisor/Manager for Child Care Fee Subsidy. The Supervisor / Manager will undertake an objective review of your file, and if necessary, take your case to the Director of the Children’s and Community Services Division for their input. A decision of your appeal/review will be made, and you will be informed of the decision.

This information can be submitted to our office to the attention of **APPEAL:**

**In Person:**  
The Lister Block  
28 James St. North,  
6th Floor Hamilton, ON L8R 2K1

**By Mail:**  
Child Care Fee Subsidy Supervisor  
Lister Block, 6th Floor  
P.O. BOX 2040  
Hamilton, ON L8P 4Y5

**By Fax:**  
905-546-3064

**By Email:**  
[childcare@hamilton.ca](mailto:childcare@hamilton.ca)

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**Client Information**

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Child’s Name: \_\_\_\_\_ Age: \_\_\_\_\_

Child’s Name: \_\_\_\_\_ Age: \_\_\_\_\_

Child’s Name: \_\_\_\_\_ Age: \_\_\_\_\_

Child’s Name: \_\_\_\_\_ Age: \_\_\_\_\_

Child Care Centre/Program: \_\_\_\_\_

Subsidy Eligibility Worker: \_\_\_\_\_

*Provide details of Appeal on back*



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## Situation Requiring Review

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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