



Essential Worker Childcare Application

Program Eligibility:

Qalipu First Nation Band members who were essential workers during the COVID-19 pandemic, and incurred childcare costs, are eligible to apply for up to \$200 in monthly benefits per child (ages 0-13). This benefit can be paid retroactively starting in April 2020 and will require a letter from the members' employer verifying their status as an essential worker (*Essential Worker Verification Form* included in application), and childcare receipts. This benefit will be paid until the available support fund has been fully allocated.

Note: Verification of your status as an essential employee is required from your employer. Please see below for the Essential Worker Verification Form for completion by your employer.

Application Process:

Step 1: Obtain Employer Confirmation

Please have your employer complete and sign the *Essential Worker Verification Form* and return it to you so that you can include it with your application. Your application will not be considered if this portion of the application is missing.

Step 2: Apply

After attaching the completed *Essential Worker Verification Form*, carefully complete sections 1 through 5. Note that in Section 2 you are asked to attach receipts. Incomplete applications will not be accepted; we will notify you of the error and invite you to apply again. If you require assistance in completing this application, please contact our COVID-19 Support Specialists for help at 709-634-5163 or covidsupport@qalipu.ca.

Mail this completed form along with receipts (if applicable) to:

Qalipu First Nation
3 Church Street
Corner Brook, NL A2H 2Z4

Faxed claims will be returned, and a mailed copy will be requested.



Essential Worker Childcare Application

Section 1 – Essential Worker Information

Essential Worker Full Name: _____

Date of Birth: _____ Band Registration #: _____

Home Address: _____

City: _____ Prov: _____ Postal Code: _____

E-mail: _____ Phone number: (____) _____

Section 2 – Claim Information

Name of childcare provider: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Month attended: _____ Number of children attended: _____

CHILDCARE INVOICES/RECEIPTS ARE ATTACHED (CHECK HERE) ☐

I DECLARE THERE IS NO ADULT RESIDING IN THE HOME ABLE TO CARE FOR CHILDREN (CHECK HERE) ☐

Section 3 – Dependents Information

Note: if child is not a member please indicate by stating N/A for band registration number.

Child's Legal Name: _____

Date of Birth: _____ Band Registration #: _____

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Date of Birth: _____ Band Registration #: _____

Section 4 - Payment Information

Qalipu First Nation will issue a cheque if EFT information is not available or provided by the member.

PLEASE USE THE EFT INFORMATION ON FILE ☐

MAILING ADDRESS SAME AS CLIENTS HOME ADDRESS ☐

Please provide the name and address of the person or organization to which payment should be made.
The payee must be provincial legal age.

Clients Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____

Section 5 – Authorization

Qalipu First Nation requires your authorization to collect information from you (including receipts) for services provided to you. I authorize the release of any records that are relevant to the processing and payment of this claim to Qalipu First Nation, its agents or contractors, or any appropriate Health Professional licensing or Regulatory Body for the purpose of administrative audit. I declare the information to be true and accurate and does not contain a claim for any benefit or service previously paid for by Qalipu First Nation or by any other plan(s)/program(s) that is noted in the statement or explanations of benefits.

PRINT NAME: _____ **SIGNATURE:** _____ **DATE:** _____
(Signature is mandatory)

dd / mm / yyyy

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Privacy statement

Qalipu First Nation also requires your authorization in order to collect information from you for services provided to you and paid for by the Band. Qalipu First Nation is committed to protecting your privacy and safeguarding the personal information in its possession. When a request to provide coverage for benefits is received, Qalipu First Nation collects, uses, discloses, and retains your personal information in accordance with the applicable federal privacy laws and policies.