

Childcare Application and Waitlist Module

User Guide for Parents



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1.0 General Overview

OneHSN Child Care Registry and Waitlist (CCRAW) module is designed to help you find licensed child care services in your community apply for a fee subsidy if you require financial assistance with your child care and apply for child care spaces. The application form is easy to use. You can apply up to 9 licensed child care agencies and up to 6 licensed home child care programs for each child (ren). The Child Care Centre will contact you when a space becomes available. Your place on any agency or program list will be determined by the date you submit your first online application.





The registration and login section is displayed at the top/right portion of the screen and is depicted in Figure 2-0. In order to apply for child care you must first create an account and set up a passphrase to log into the website. To sign up, you must have an active e-mail address. If you do not have an email address, please call 3-1-1, select your language and choose option 4 "daycare".

2.1 Registration

Click the Create an Account button as shown in Figure 2-0. This will direct you to the **Create a new account** screen (see Figure 2-1).

Create a new account.



Enter your Email address in the Email textbox.

- Type the multiple letters and/or numbers in the Type the text textbox that are displayed in CAPTCHATM security box. If you are having difficulty interpreting what is in the security box, click the Get a new challenge button on the CAPTCHATM security box. If you are still having difficulty with the security box data, click on the Get an audio challenge button to get an audio challenge. Enter what you hear without spaces in the textbox.
- 2. Click the Register button to register your email address and the Registration Complete screen is displayed (see Figure 2-2). You only have to register your email once.

Registration Complete.

Thank you for completing the account registration process. To continue with this process and Register for Childcare, please check your email for a link that has been sent there.

Figure 2-2



Email Link to Passphrase Set/Reset

After you have completed the registration process, an email with a passphrase link will be sent to the email address you provided (see Figure 2-3). A passphrase is similar to a password but it is longer and more complex for added security. It is a sequence of words or other text that controls access to the system. Click on the link in the email to set your passphrase. This link is only valid for 24 hours, if you don't complete the passphrase set up, you will have to register your email again.

Thank-you for registering with the City of Ottawa's Child Care Registry and Waitlist

We are pleased to inform you that your account has been successfully created.

To complete the process we request that you please click on the button below to set up your initial passphrase:

https://onehsn.com/Ottawa/Account/ResetPassword/f092d3fb-e250-4c6a-8c21-2b3c94b1b1b8

If you are having difficulty with the link please try to copy and paste the url into your browser's address bar.

The above link will expire in 24 hours.

Figure 2-3

2.2 Setting Your Passphrase

Passphrase

After clicking the passphrase link (see Figure 2-3) in your email you will be presented with the Change Passphrase screen (see Figure 2-4). A passphrase is a sentence you can easily remember and only you would know. When creating a passphrase for a new account or when changing your passphrase, it is important that you choose a strong passphrase. Your passphrase gives you access to your personal information that is stored within your account.

The passphrase strength feature assists users in choosing strong passphrases. Each character that you add to your passphrase increases the protection that it provides. The text below the '**Confirm New Passphrase**' textbox (see Figure 2-4) indicates how many more characters are needed to create your passphrase. Eight characters is the minimum, but you should add more. It is important to include:

- more than one type of character into your passphrase
 - o capital letters
 - lower case letters
 - o **numbers**
 - o symbols



If the Passphrases match and are complex enough the meter will indicate **Good** or **Strong**. Click the <u>Set Passphrase</u> button to save the passphrase and log into the system.

If the meter says **Weak** or **Too Short** then your passphrase is not complex enough and you will need to add characters until it becomes **Good** or **Strong**.



Parental Consent Form

Once the passphrase is set you will be logged into the system and will need to read and provide consent in order to continue with the registration (see Figure 2-5). Once you have read the consent form click on I Agree and the Welcome screen (see Figure 2-6) is displayed.

Parent Consent at Log In
I acknowledge that the City of Ottawa Child Care Registry and Waitlist, administered through this third party OneHSN online application website, collects the following personal information for the purpose of processing my application for a child care space in the City of Ottawa:
 Parent(s)/Guardian(s) name, ward, mailing address, phone number and email address, and if there is a child care service affiliated with your employer/school, the name of your employer and school Child(ren)'s name, DOB, and if there is a sibling application, name of current licensed child care service for sibling (if applicable) Date of original application and date child care is required Language option chosen Financial option chosen (full fee or subsidy) Any special needs for the child(ren).
I acknowledge and agree that, through my selection of participating child care providers providing licensed care in the City of Ottawa, the personal information described above will be shared with each of the child care providers that I select. Should I apply for a child care subsidy, I further acknowledge that the City of Ottawa will collect personal financial information and socio-economic factors and will use this information to determine my eligibility for a subsidized space.
When you finish reading the agreement you will be given the option to agree and give consent.
I Agree I Do Not Agree
Figure 2-5



Begin Your Application

Once your passphrase has been set for the first time, you will advance automatically to the screen below.

Welcome, patti@checkercab.on.ca

Your account creation is complete and you have successfully signed in. Please keep your username and passphrase in a safe place, as these will be needed in the future to review and make changes to your applications.

The application process includes three distinct parts.

- 1. We gather information about you, the parent/guardian.
- 2. We gather information about your child(ren).
- 3. We help find child care providers with programs which fit your needs, and create applications to them.

When you are ready to begin the application process, click 'Begin Application'.

Begin Application	Begin Application Button

Figure 2-6

Click on the Begin Application button (see Figure 2-6) and the Contact Info screen is displayed (see Figure 3-0), continue to section **3-0 Begin Application**.

2.3 User Login

Once you have registered your email and set your passphrase, all future access to the website is through the Log In button (see Figure 2-0). Click the Log In button which will direct you to the Log In screen (see Figure 2-7). If you haven't yet registered, click on the Create an Account button and go to section **2-1 Registration**.



Figure 2-7

- 1. Enter your email address in the Email textbox.
- 2. Enter your Passphrase in the **Passphrase** textbox.
- 3. Click the Log In button.



If your Email and Passphrase are correct then you will have successfully logged in as a Parent/Guardian and will need to agree to the consent form (see Figure 2-5). Once you have agreed to the terms the Contact Info screen is displayed (see Figure 3-0), continue to section **3-0 Begin Application**. If you do not agree to the consent you will be reverted back to the home screen (see Figure 2.0)

2.4 Forget your passphrase

If you have forgotten your passphrase, click on the Forgot your passphrase? link (see Figure 2-6) and the Reset Passphrase screen is displayed (See Figure 2-8).

Reset your Passphrase. To reset your passphrase please enter the following information: Email Em



Enter your Email in the Email textbox and click on the Submit button. The following message will be displayed.

Change Passphrase Request Has Been Sent to Your Email

Click on the link in the email (See Figure 2-9) to be directed to the Change Passphrase screen.

Your OneHSN Childcare Applications & Waitlist Passphrase reset request has been received.

To complete the process we request that you please click on the link below to reset your passphrase:

https://onehsn.com/Ottawa/Account/ResetPassword/19383d1c-5ab4-49ff-98b4221cdd1384d4

If you are having difficulty with the link please try to copy and paste the url into your browser's address bar.

The above link will expire in 24 hours.

Passphrase Link

Figure 2-9

Return to section <u>2-2 Setting your Passphrase</u> for instructions on changing/setting a passphrase.



2.5 Logging Out

Ensure any information that you have changed is saved before you log out of your account. Failing to do so may result in loss of information.

1. In the Welcome back section; click the Log Out button found at the top, right of the screen (Figure 2-10).

Welcome Kellie Smith		User Settings	Log Out	K	Log Out Button
				Fi	aure 2-10



3.0 Begin Application

Contact Info

The Contact Info screen is used to gather Parent/Guardian information. 2 Activity Info 3 Socio-Economic Factors 4 Summary your answers Changes have been made. Required fields are shown in red. Primary Contact Information (required) First Name Kellie Last Name Maxwell Home Phone (613) 555-1111 International Number **Additional Contact Information** Address Information (required) Additional Contact Information (optional) Add Work Phone Edit (613) 555-1212 Delete NTRETOW Terms of Use Map data @2014 Google Address found Address 241 Booth St, Ottawa, ON K1R 7J5 Search 100 Laurier Place, Ottawa, ON K1P 1J1 Help 241 Unit/Apt. Nu Booth Street K1R 7J5 Ottawa Ontario Canada Latitude: 45.4110728 Longitude: -75.71138350000001 Next Step Next Step Figure 3.0

OneHSN CHILDCARE

The First Name, Last Name, and Home Phone are highlighted in red, indicating that they are required fields. All phone number fields are formatted (###) ###-#### and hyphens are already inserted.

International Phone Number

If you wish to be contacted via a non-Canadian phone number, check the International Number check box. The format will be removed from the entered phone number, and a drop-down list of countries will be displayed to select the country the phone number is registered in.

1 Contact Info How we contact you	2 Activity Info Information about you	3 Socio-Economic Factors Additional Information	4 Summary Review your answers
Changes have been made.			Required fields are shown in red.
Primary Contact Informati	on (required)		
First Name E Home Phone	Darryl 3135551212	Last Name Yyy ✓ International Number Aruba	Ţ



Address Information

Unit/Apartment Number, Street Number, Street Name and Postal Code are required fields. The Postal Code, Province and Country will be auto filled. The map shown is for confirmation of the address entered.

If the address returned is not correct then please double check your address information. If the address is correct but the red marker is in the wrong location you can click and drag it on the map to the correct location. This location will be saved for future reference.

Additional Contact Information

Click on the "Additional Contact Information (optional)" Add button (see Figure 3-0) to add additional contact phone numbers. The Additional Contact Information screen is displayed (see Figure 3-1). It is highly recommended that more than one contact number be provided.

Additional Contact Inform	ation		×	3
Phone Number: (613) 555-1212	Contact Method: Work Phone	•		
			Cancel Submit	

Enter the Phone Number in the phone number textbox then select a Contact Method of Primary Phone, Work Phone, Secondary Phone, Fax, Text Only Phone, Voice Mail Only Phone or Cell Phone from the drop down list. Click on the Submit button (see Figure 3-1) to add the contact information. You can Edit or Delete this information by clicking on the corresponding button (see Figure 3-2)



Once all required fields are entered, click on the Next Step button on the Contact Info screen (see Figure 3-0) and the Activity Info screen is displayed (see Figure 3-3)

Integrated Childcare™		OneHSN	U S E R G U I D E V E R 1 3 . 0 Ottawa	
Child Care Registry a	nd Waitlist	CHILDCARE		
Activity Info				
1 Contact Info How we can contact you.	2 Activity Info Information about you.	3 Socio-Economic Factors Additional Information	4 Summary Review your answers.	
Employer/School Information		4		
Are you currently employed by an Do you wish to enter your employed	agency that provides childcare? O er / school information? OYes ON	Yes No Employment Link Employer/School Link		
			F '	

Figure 3-3

If you click on the Previous Screen button the Contact Information screen is redisplayed (see Figure 3-0), allowing you to make any necessary changes to this information.

If you click Yes on the "Are you currently employed by an agency that provides childcare?" button (see Figure 3-3), the Work at Provider drop down menu is displayed (see Figure 3-4).

Work at Provi	ler		
Provider Name:	Other	Provider Drop Down Menu	
			Figure 3-4

Select the Provider Name that you work for from the drop down menu.

Enter Employer or School Information

If you click Yes on the "Do you wish to enter your employer / school information?" (see Figure 3-3) the Employer/School Add button is displayed (see Figure 3-5).





Click on the Add button and the Employer/School screen is displayed (See Figure 3-6).

Employer/School	×
OTTAWA	Employer School Employer / School Name Phone Number Place, Ottawa, ON K1P 1J1 Help
Unit/Apt. Number	- Street Number
Street Name	
Ottawa	ZIP/Postal Code Ontario
Canada	
Latitude:	Longitude: Reset Save Save Button
	Figure 3-

Click on the Employer or School button, then enter your Employer or School Name, Phone Number, Unit/Apartment Number, Street Number, Street Name. The Postal Code, Province and Country will automatically be displayed. Click on the Save button and the information you've entered is displayed (See Figure 3-7).

Employer		
Name: Bouncing Tots Day Care Phone Number: (613) 555-1114		
Address: 1 Sussex Drive, Ottawa, K1A 0A1, Ontario Canada	Edit Button Edit Del	ete Delete Button
		Figure 3-7

Click on the Edit button and the Employer/School screen is redisplayed (see Figure 3-6) allowing you to change information. Click on the Delete button and the Employer/School information is deleted from your Activity Info. Click on the Next Step button on the Activity Info screen and the Socio-Economic Factors step appears (see Figure 3-9).



Socio-Economic Factors

On the Socio-Economic Factors screen, answer Yes or No to the questions about your family shown in Figure 3-9. If you select Yes to either question; "The Family is residing in or exiting family emergency shelters?" or" The family is fleeing abuse?", a drop down list appears. From the drop down list, choose one of the options shown in Figure 3-9. Click Next Step to go to the Summary Screen (see Figure 3-11).

1 Contact Info How we can contact you.	2 Activity Info Information about you.	3 Socio-Economic Factors Additional Information	4 Summary Review your answers.
Additional Family Inform	nation		
The familiy is residing in or e The family is fleeing abuse	exiting family emergency shelters?	⊘ Yes No ⊘ Yes No	

Figure 3-9

Additional Family Information	
The family is residing in or exiting family emergency shelters?	
The family is fleeing abuse?	Yes No
Individual completing the form on the individual's behalf Self-Identifying Individual completing the form on the individual's behalf	



Review the Summary information. Click on the Previous Screen button to make changes to your information. Click on the Save & Add Child button to save this information and continue to section **4.1 Child & Application Information** screen (see Figure 4-0)

Save and Add Child

Button

Save & Add Child

Figure 3-11

Previous Screen

Button

Previous Screen



3.1 Parent Home Portal

If you are returning to your OneHSN CCRAW account or just completed the <u>4.9 Fee Subsidy</u> <u>Application Wizard</u> for the first time, you will see your Home page below where you can manage your profile and children's profiles and applications.

** Note ** If this is your first time using CCRAW, the system will automatically skip this step and advance to section <u>4.0 Child & Application Information</u>.



To modify your profile information click the button "Parent Details" under the Parent/Guardian Information heading and the Primary Contact Information screen is displayed (See Figure 3-0). To change your passphrase or your email address click on the "Manage Account" button and the Manage Account screen (see Figure 3-12) is displayed.



To change your passphrase click on the Click here to send request to your email address button and an email is sent to your email address. Click the link in the email and return to section **2-2 Setting Your Passphrase**.

Change your email address

Change Email Address

Change Email Address Fo	rm	,
Passphrase New Email Address		Passphrase Textbox
	L	New Email Address Textbox

Figure 3-13

To change your email address, enter your passphrase in the Passphrase textbox and your new email address in the New Email Address textbox. Click the Change Email Address button.

3.3 Deactivate Account

When this button is clicked, a pop-up dialogue box will appear (Figure 3-11) prompting you to confirm you wish to deactivate your parent account AND remove all your child(ren) applications to Centres and programs.





4.0 Child & Application Information

A parent must have a Parent/Guardian account created first in order to add their child(ren) (See Figure 3-0). Click on the Add Child link and the Child Details form is displayed (See Figure 4-1).

4.1 Child Details

1 Child Details Information about yo	our child 2	Additional Information Needs your child has	3 Referrals/Supp Referral Sources	oort	4 Fee Subsidy Subsidy information
5 Summary Summary of your an	swers				
					Required fields are shown in red.
About John Buck					
First Name	John		Last Name	Buck	
Date of Birth	02/07/2008		This date represents	s my baby's d	lue date
Gender	Male	•	Primary Language	English	¥
School Board	Select	T			
School (if applicable):	Your relation	nship to child: Parent ild still require child care? Yes	T	Þ,	
First Nations/Inuit a	and Métis famil	ly Disclaimer			
Declaration is vol	luntary and infor	mation is used solely for the purp com First Nations/Inuit and Métis fa	ose of planning for First Na munity. amily Prefer not to disclose	ations/Inuit ar	nd Métis family services in our
Francophone Discla	imer				
Declaration is u	sed solely by chik I, my	d care centres that only accept cl spouse or one of our parents are	hildren with parental and/o	r grandparen t to disclc 🔻	tal francophone ascendants.
					Next Step

Figure 4-1

All required fields are highlighted in red and must be entered. Press the Cancel link to delete the information you've added and return to the Home Screen (Figure 3-12). Press the Next Step link to save this information and continue to the Additional Information screen (Figure 4-2).



4.2 Additional Information

You are presented with the screen below to indicate if your child has any special needs. If your child has any of these special needs, click on the Continue to Additional Information Consent Form button. If your child does not have any of these special needs, click the Skip button and proceed to section 4.3 Referrals/Supports.

1 Child Details Information about y	our child	2 Additional Information Needs your child has	3 Referrals/Support Referral Sources	4 Fee Subsidy Subsidy information
5 Summary Summary of your ar	iswers Additional I	nformation Consent Form' butto	n if your child has any needs	from the below list, otherwise click
the 'Skip' button to cor	ntinue.	N		Y
Examples of Needs				E
Behaviour	Speech	r e		S
Social/Emotional	Motor Diffic	ulty		e
Health	Developme	nt s		e
Audiology/Hearing	Other			s
Previous Screen		S	kip Continue to Additi	onal Information Consent Form

Figure 4-2

Note If you clicked on the Continue to Additional Information Consent Form button, you will be presented with the e-Consent Form to electronically sign (see Figure 4-2.1).



- Parent(s)/Guardian(s) name, ward, mailing address, phone number and email address, and if there is a child care service affiliated with your employer/school, the name of your employer and school
 Child(ren)'s name, DOB, and if there is a sibling application, name of current licensed child care
- Child(ren)'s name, bob, and it there is a spling application, name of current licensed child service for sibling (if applicable)
 Date of original application and date child care is required
- Date of original application
 Language option chosen
- Financial option chosen (full fee or subsidy)
- Any special needs for the child(ren)

I acknowledge and agree that, through my selection of participating child care providers providing licensed care in the City of Ottawa, the personal information described above will be shared with each of the child care providers that I select. Should I apply for a child care subsidy, I further acknowledge that the City of Ottawa will collect personal financial information and socio-economic factors and will use this information to determine my eligibility for a subsidized space.

Personal Information is collected for the administration and management of the City of Ottawa's Child Care Registry and Waitlist, a centralized waitlist that is administered through this third party OneHSN online application website. Questions about the collection and use of this information should be directed to the City of Ottawa, Community and Social Services Department, Direct Operations, Coordinator, Operational Support Unit 613 580-2424 ext. 43118.

Print your name			
Draw your signature			
			_
<u>Clear Signature</u>			
Laccent the terms of th	is agreement		

Previous Screen

When the e-consent is shown you need to:

• Type your name in the white box below Print your name

• Draw your signature with your mouse or touch pad in the large white box below the text Draw your signature

If you make a mistake, you can erase your signature and start again by clicking on <u>Clear Signature</u> link below the signature box

Once done, click on the I accept the terms of this agreement button and the system will prompt you to enter your passphrase as confirmation that you signed this e-consent

The system will advance you to the next step

Figure 4-2.1



After signing the e-consent, a screen is presented for you to identify special needs your child may have. Check all boxes that apply. Resource agencies will receive a copy of your child's application for purposes of planning.

1 Child Deta Information a		2 Additional Inform Needs your child has	ation	3 Referrals/Support Referral Sources	4 Fee Subsidy	dy mation
5 Summary Summary of y	our answers					
Additional Info	rmation of the following c	heck boxes to indicate you	ır child's	special needs/concerns.	Sianed Consent	
	Behaviour:			Speech/Language:		
	Social/Emotiona	al:		Motor Difficulty:		
	Health:			Learning Difficulties:		
	Audiology/Hear	ing:				
	Other (Please S	Specify):				
	Has child been	diagnosed?				
Previous Scre	een					Next Step



If your child has not been referred by an agency, select "No, my child is not being referred." and skip this section by clicking on the Next Step link and continue on to the Fee Subsidy form (See Figure 4-3).

If your child has been referred to care by an agency select "Yes, my child is being referred." and a pop up window showing the referring agencies is displayed (See Figure 4-2.2). Click on the agency that provided the referral and click on the Next Step link to continue to the Fee Subsidy form (See Figure 4-3).

Is your child being referred to care by an agency?
Children's Intergration Support Services (C.I.S.S)
Ottawa Children's Treatment Centre (O.C.T.C)
✓ Children's Aid Society
Ottawa Public Health
Family Physician
Other
Next Step

Figure 4-2.2



Figure 4.3

there

on

Please select one of the following:

No fee subsidy is required

Click on the "No fee subsidy is required" link and then the Next Step on the bottom right link to proceed to the Summary form (See Figure 4-5).

Fee subsidy is required

- If subsidy assistance is required, click on the "Fee subsidy is required"
- If you wish to determine approximately your cost of child care with fee subsidy, use the Childcare Subsidy Calculator. Enter your combined family income found on line 236 of your Tax Assessment and click on the Calculate Fee link. Your estimated monthly cost is displayed. This amount may change once you have completed an assessment meeting.
- Click on the Next Step link to proceed to the Summary form (See Figure 4-5).

Fee subsidy is preferred but will accept non-assistance care

- If subsidy is preferred but not mandatory click on the "Fee subsidy is preferred but will accept non-assistance care" link
- If you wish to determine approximately your cost of child care with fee subsidy, use the Childcare Subsidy Calculator. Enter your combined family income found on line 236 of your Tax Assessment and click on the Calculate Fee link. Your estimated monthly cost is displayed. This amount may change once you have completed an assessment meeting.
- Click on the Next Step link to proceed to the Summary form (See Figure 4-5).



4.5 Child Summary Screen

You are presented with a summary of your child's profile.

If you selected the *No fee subsidy is required* option on screen 4 – Fee Subsidy, click on the Save Child Info & Continue to Subsidy Wizard button. You will now advance to section 4.9 Fee Subsidy Application Wizard.

1 Child Details Information about your child	2 Additional Information Needs your child has	3 Referrals/Support Referral Sources	4 Fee Subsidy Subsidy information
5 Summary Summary of your answers			
Review Your Child's	Information		
Your child's information h	as been updated		F A 1
Xxx Buck	Referrals	Special Needs	Fee Assistance
Date of Birth: 9/2/2010	No references indicated	Speech Concerns	Fee subsidy is required
Gender: Male			
Primary Language: English			
First Nations/Inuit and Métis far Prefer not to disclose	nily:		
Francophone: Prefer not to disclose			
Provious Screen		Save Child Info	& Continue to Subsidy Wiza

If you selected *Fee subsidy is NOT required* option on screen 4- Fee Subsidy, click on the Save Child & Apply to Programs button and advance to section 4.6 Care Requirements.



4.6 Care Requirements

Enter the Preferred Start Date mm/dd/yyyy or click on the Calendar link and click on the date.

- Select the Preferred Provider Type(s): (Select All, Centre Based, School, Nursery Based and/or Home Based)
- Select the days of the week requiring care: (Select All, Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday or Varies)
- Select Program times: (Select All, Full Day, Half Day AM, Half Day PM, After School, Before School, Evenings (After 6:00pm), and/or PD Days)
- Select Optional Program filters: (Select All, Lunch, Breakfast, Dinner, Early drop off, Late Pickup, Overnight and/or Weekends)

Click on the Next Step link to save this information and continue to the Program Selection form (See 4.7 Program Selection)

1 Care Requirements What you're looking for	2 Program Selection Apply to programs	3 Location Prioritization	4 Summary Application Summary	
For: Buck, John				
Preferred Start Date:		Preferred Provider Type:		
02/19/2014 0 Changing the preferred start date waitlist you have currently applied waitlist applications.	and program times will not alter any d to. Changes will impact all future	 Select All Centre Based School Nursery/Pre-school Co-op Based Home Based 		
Days of the week requiring o	tare:			
© Select All	lay 🗌 Wednesday 📄 Thursday 📄 F	Friday @ Saturday @ Varies 📎		
Program times:		Optional Program filters:		
 Select All Full Day Half Day AM Half Day PM After School Before School Before and After School Evenings (After 6:00pm) PD Days 		Select All Lunch Breakfast Dinner Early drop off Late Pickup Overnight Weekends		
 Overnight Overnight Weekends Christmas Break March Break Summer Programs 				
			Next Step	



4.7 Program Selection

This screen lists all the child care providers that match your child's care requirements <u>and</u> your child's age at the Preferred Start Date specified. The list will default to agencies within 25 kilometres of your home address. You are able to filter to a smaller (closer) list by lowering the Max Distance (km) and then click on the "Filter" button. The list of providers will reload.

By specifying a Provider Type in the drop down list, you will only see provider types that match your child's criteria.

Click on the "Show Programs" link and the programs that match the requirements indicated is displayed (See Figure 6-0). Click the Apply link under the appropriate programs to register your child for those program(s). The same button will now appear as **Remove**.

Note You can choose up to 9 licensed agencies and up to 6 licensed home child care agencies.

When complete, click on the "Next" button at the bottom of the list to advance to the next step in the application process where you will list your choices in order of your priority from 1 to 9.

Care Requirements What you're looking for	2 Program Selection Apply to programs	3 Location Prioritization	Application Summary				
The information you provided in the previous section directly affects the programs available to you. Program Selection For: Buck, John Born on: 2008-02-07 You have indicated that you required care on the following days: Sunday, Saturday, Varies							
For these program times: AI You require the following op You can apply to 8 m	I Selected tions: All Selected nore care providers	Provider Type Select	¥				
List View Map View Provider Name:	Max Distance(km):	25 Si C A O	how Existing hildcare pplications nly				
Agence de Garde "La Mai Somerset - Ward 14	nce from your nome address to p sonnee"/Grandir Ensemble	Distance to provider: 1.06 k	cm Show Programs				
Wee Watch Enriched Horr Somerset - Ward 14	e Child Care Ottawa E/Orleans -	Distance to provider: 1.06 k	cm Show Programs				



4.8 Location Prioritization

In step 3 of the Apply to Programs process, you are required to list at least one licensed child care provider in your child's priority list. This list is important because, when your child is placed in care at any Centre you have applied to, your child is automatically removed by the system from all other Centre waitlists, except those Centres listed as a higher priority on this page.

Please choose	e the care providers that you	would like to have priority when your applications are placed. Use the add and remove (🕂 🗮) to add and remove
providers as a	a priority. Use the arrow (\uparrow	• +) buttons to change each providers priority ranking.
	Priority	Centre
	1	Mothercraft Ottawa - Home Child Care - Somerset - Ward 14
	2	Andrew Fleck Home Child Care Alta Vista - Ward 18g
	3	No care prov Click the:
	4	 up arrow to move that Centre up 1 position in priority.
	5	down arrow to move the Centre down in priority.
	6	red X to remove the Centre from the No care prov
	7	No care provider has been set to this priority. Sign (+) to add
	8	No care provider has been set to this priority. No care provider has been set to this priority. Into your list of priorities
	9	No care provider has been set to this priority.
	No Priority	Agence de Garde "La Maisonnee"/Grandir Ensemble Somerset - Ward 14
	No Priority	Wee Watch Enriched Home Child Care Ottawa E/Orleans - Somerset - Ward 14
Previous	s Screen	Next Step



Figure 4-4

Review the Summary information. If information on the Summary form is incorrect, click on the Previous Screen link to go back and change information. If the information is correct, click the Save & Return to Home Screen, to save the information and return to the home screen (See Figure 3-12) or click the Save & Continue to Care Requirements to save the information and go to the Care Requirements form (See Figure 6-0)



4.10 Fee Subsidy Application Wizard

The Fee Subsidy application wizard has 9 screens of information related specifically to the application for child care fee assistance. Your answers are secure and confidential and will only be seen and verified by a Caseworker employed by the City.

Screen 1 – Applicant

Review the questions and click "yes" for any or all answers that apply to you.

1 Applicant	2 ^{Personal} Information	3 Contact Information	4 Spouse Information	5 ^{Children} Information	6 Reason for Seeking Child Care Subsidy			
$7^{Preferences}$	8 Documentation	9 Summary						
Applicant Questions								
Parent is a social assistar	nce recipient who is exiting	Ontario Works or Ontario	Disability Support Program	for employment.				
⊖ Yes ● No								
Parent is a social assistar	nce recipient who is exiting	Ontario Works or Ontario	Disability Support Program	for post-secondary educati	on.			
⊖ Yes ● No								
Our family received a for	mer child care subsidy and	is now returning from pare	ental leave.					
○ Yes ● No								
Parent is completing high	n school.							
○ Yes ● No								
Parent is completing equ	ivalency for foreign creden	tials.						
○ Yes ● No								
Parent is completing seco	ond language training.							
⊙ Yes ● No								
Parent is completing colle	ege / apprenticeship.							
○ Yes ● No								
Parent is completing und	lergraduate work.							
⊙ Yes ● No								
Parent is completing grad	Parent is completing graduate work.							
⊖ Yes ● No								
Parent has documented i	llness or disability.							
○ Yes ● No								
					Next Step			



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Screen 2 – Personal Information

Information fields with red titles require an answer. Information fields with black titles are preferred but optional. If you try to advance without providing an answer to all the required fields, the system will not move off this screen and will highlight the unanswered field.

1 Applicant	2 Person	al ation	3 Contact Information	4 Spouse Information	5 ^{Children}	6 Reason for Seeking Child Care Subsidy		
7 Preferences	8 Docum	nentation	9 Summary					
					Requir	red fields are shown in <mark>red.</mark>		
Personal Information								
Darryl Yyy								
Have you received Child	Care Fee Ass	istance within	the City of Ottawa pre	viously? O Yes	No			
Gender:		Female	Male	Date of Birth:		Ö		
Previous Surname:				Martial Status:	Select	T		
Preferred Language:		Select	▼	Interpreter is Required:				
For other language, please comment here:								
Source of Income:		Select	,	Reason for Child Care:	Select	Z		
For other source of income, please commen here:	t							
Annual Income Type Do Used:	cument	Select	,	Annual Income Year:	Select 🔻	•]		
Annual Income Amount:								
Spousal information can martial status is married	Spousal information can only be entered if martial status is married or common law. If you wish to enter spousal information, please ensure that the martial status is married or common law.							
Previous Screen						Next Step		





Screen 3 – Contact Information

Enter contact information for other adults in the home.

1 Applicant	2 ^{Personal} Information	3 Contact Information	4 Spouse Information	$5^{\rm Children}$	6 Reason for Seeking Child Care Subsidy
7 Preferences	8 Documentation	9 Summary			
Changes have been made				Requi	red fields are shown in red.
Contact Information					
Are there any other adult	s living in your home?	Yes No			
First Name:		Last Name:			
Relationship:		Effective Date:	0		

Screen 4 – Spousal Information

If you selected you were married or living common-law, the system will prompt you for your partner's information as seen below.

1 Applicant	2 Person	nal nation	3 Contact Information	4 Spouse Information	5 ^{Children}	6 Reason for Seeking Child Care Subsidy
7 Preferences	8 Docur	nentation	9 Summary			
					Requir	ed fields are shown in <mark>red</mark> .
Spousal Information						
Surname:				First Name:		
Gender:		Female	🔾 Male	Date of Birth:		
Previous Surname:						
Preferred Language:		Select	•	Interpreter is Required:		
For other language, please comment here:						
Source of Income:		Select		 Reason for Child Care: 	Select	•
For other source of income, please comment here:						
Annual Income Type Doc Used: Annual Income Amount:	ument	Select		Annual Income Year:	Select v	•



Screen 5 – Children Information

On this screen you must enter any additional children in your home. Click the Add Child button to add each additional child.

1 Applicant	2 ^{Personal} Information	3 Contact Information	4 Spouse Information	5 ^{Children}	6 Reason for Seeking Child Care Subsidy				
7 Preferences	8 Documentation	9 Summary							
Children Information	Children Information								
Please include the names	of all children under the a	ge of 18 in your home.							
Children applied for child	care:								
First Name	Last Name		Gender	Date of Birth					
Ххх	Buck		Male	9/2/2010					
Additional children in your family NOT applying for child care:									
First Name	Last Name		Gender	Date of Birth	Add Child				

Screen 6 – Reason for Seeking Child Care Subsidy

This screen requires you to answer the most appropriate response as to why you want child care subsidy. You must select one response.

1 Applica	nt	2 ^{Personal} Information	3 Contact Information	4 Spouse Information	5 ^{Children} Information	6 Reason for Seeking Child Care Subsidy		
7 Prefere	nces	8 Documentation	9 Summary					
					Requir	red fields are shown in <mark>red.</mark>		
Reason for	Seeking C	hild Care Subsidy						
Please identif	fy your reaso	on for seeking child care su	bsidy by selecting one of t	he following options (select	the option that most appl	ies to your family		
0	Two Paren	t Family, Both Parents Wo	rking Full Time or Part Time	e or Self Employed				
0	Two Parent Family, Both Parents Attending School/Educational Upgrading							
\odot	Two Parent Family, One Parent Working Full Time or Part Time or Self Employed and One Parent Attending School/Educational Upgrading							
0	Two Paren	t Family, Special needs pa	rents or child					
0	Two Paren	t Family, One Parent with	Special needs and One Par	ent Working Full Time or Pa	art Time or Self Employed			
0	Two Paren	t Family, One Parent with	Special needs and One Par	ent Attending School/Educa	ational Upgrading			
0	Two Paren Upgrading	t Family, Both Parents Wo	rking Full Time or Part Time	e or Self Employed and/or I	Both Parents Attending Sch	nool/Educational		
\odot	Two Paren Parent wit	t Family, One Parent Work h Special needs	ing Full Time or Part Time	or Self Employed and Atter	nding School/Educational U	Ipgrading, and One		
\odot	Two Paren	t Family, Both Parents Loo	king for work					
0	Two Paren	t Family, One Parent Look	ing for Work and One Pare	nt Working Full Time or Par	t Time or Self Employed			
0	Two Paren	Two Parent Family, One Parent Looking for work and One Parent Attending School/Educational Upgrading						
0	Two Paren	t Family, One Parent Look	ing for Work and One Pare	nt with Special needs				



Screen 7 – Preferences

Identify which phone number, time range, day of the week and location you prefer to be contacted at during the verification process.

1 Applicant	2 ^{Personal} Information	3 Contact Information	4 Spouse Information	5 ^{Children}	6 Reason for Seeking Child Care Subsidy			
7 Preferences	8 Documentation	9 Summary						
Changes have been made. Required field								
Preferences								
Preferred telephone num	Preferred telephone number and time of day to be contacted in case we need to reach you							
Preferred Phone: 6135551212 •		2 🔹	Preferred time for a call be	Ack: Morning - be	etween 9:00 to 11:00 🔻			
Please select the preferred day and location for an appointment in case one is required								
Preferred Application Day	Wednesda	y v	Preferred Location:	Bilingual - 37	70 Catherine St 🔹			

Screen 8 – Documentation

Please read this page VERY CAREFULLY. It lists the specific documents that you are required to submit for verification, and where to submit them.

1 Applicant	2 Personal Information	3 Contact Information	A Spouse	5 ^{Childre}		6 Reason for Seeking Child Care Subsidy		
7 Preferences	8 Documentation	on 9 Summary						
Documentation								
If you are in receipt of C For all other cases: Required documentation • Identification transfer of • A copy of a • Most recen- of the Univ • Letter of E paystubs e • Confirmatio • Verification that can ve If your preferred start d If your preferred start d • All of the rr • If your doc • Once the c • You will be You can mail, fax (613)?	If you are in receipt of Ontario Works, you do not need to submit documents as we will request them from your Ontario Works case co-ordinator. For all other cases: Required documentation Identification for all family members, i.e. birth certificate, passport, immigration documents, Citizenship Card and/or original immigration documents with a date of arrival for all family members if not born in Canada Verification of address: mortgage document, tax bill, lease agreement, rent receipt with address indicated, phone bill, gas bill, hydro bill, transfer of land document A copy of any divorce/separation agreement (where applicable) Most recent Notice of Assessment Form for both applicant and spouse, OR most recent Canada Child Tax Benefit Notice if family is in receipt of the Universal Child Care Benefit OR Ontario Child Benefit Letter of Employment for both the applicant and spouse stating days and hours of work, start date for employment; OR current consecutive paystubs equal to 1 month for both the applicant and spouses Confirmation of Educational Program/Course Registration, and School/Class Schedule for both the applicant and spouse Verification of self-employment (if the applicant or the spouse is self-employed), i.e. a copy of the Business License, or any other document that can verify the self-employment situation AND latest T1 General If your preferred start date is within 6 months, your documentation must be submitted within 30 days. If your preferred start date is oreater than 6 months, your documentation must be submitted within 6 months of your preferred start date. All of the required documents must be identified as Child Care Subsidy Waitlist. Once the completed documentation package is received, your application will be reviewed and verified. You will be notified whether or not your child's name has been added to the Child Care Subsidy Waitlist.							
Central Child Care Subsid	ly Unit East C	child Care Subsidy Unit	South Child Care Subsidy	Unit	West Child (Care Subsidy Unit		
370 rue Catherine St. 2n ètage Ottawa, ON K1R 5	d floor/2e 410-2 T5 ON K1	339 chemin Oglivie Rd Ottawa, LJ 8M6	2020 chemin Walkley Rd K1G 6S6	Ottawa, ON	100 crois Co West/2e èta	onstellation Cres. 2nd floor age Ottawa, ON K2G 6J8		



Screen 9–Summary

This shows all the information you have entered.

It also has a Print View button to print out this information for your records.

You are REQUIRED to check the I agree to the above.

A Complete button will appear to save and submit your application.

Important If you do not complete this last step, your fee subsidy application will NOT be sent to the City's fee subsidy caseworkers and you will not be evaluated for fee assistance.

IMPORTANT

1 Applicant	2 Persona	al ation	3 Contact Information	4 Spouse Information	5 ^{Child}		6 Reason for Seekir Child Care Subsid
7 Preferences	8 Docume	entation	9 Summary				
In order for your appl Failure to do so will re	ication to be esult in your	submitted subsidy ap	d, you MUST agree to oplication not being p	the terms at the bottor rocessed.	m of the s	creen and cli	ick on COMPLETE.
Demonsel Information	normation.						Print view
Application Date:				9/18/2014			
Have you received Child	Care Fee Assis	tance within	the City of Ottawa	No			
previously? Sumame:		Yvv		First Name:		Darryl	
Gender:		Male		Date of Birth:		9/6/1995	
Previous Surname:				Martial Status:		Married	
Source of Income:		Ontario Wor	ks				
Contact Information							
Unit-Street:		100 Constell	ation Drive	City:		Ottawa	
Province:		Ontario		Postal Code:		K2G 5J9	
Email Address:		darryl+yyy@	Donehsn.com	I OH MULTIO.			
Are there any other adul	lts living in you	r home?		No			
Spouse Information							
Surname		Buck		First Name		Jane	
Gender:		Female		Date of Birth:		9/5/1995	
Source of Income:		Ontario Disa	bility Support Payment				
Children Information							
Sumame	First Name		Gender	Date of Birth		Child Care Re	quested
Buck	Xxx		Male	9/2/2010		Yes	
Appointment							
Preferred telephone nun	nber and time o	of day to be	contacted in case we nee	d to reach you. Preferred time for Call Bac	k-	Morning - bet	ween 9:00 to 11:00
Preferred Application Da	y:	Wednesday		Preferred Location:	к.	Bilingual - 370) Catherine St
Reason for Seeking C	child Care Su	Ibsidy					
Reason for child care:			Working part-time				
Agreement							
As a condition of receivin or community referral ag still require Child Care Fe	ng Child Care F gent to confirm ee subsidy Assi	ee Subsidy A that you or istance for th	Assistance, the Direct Ope your spouse are still work ne purpose that Child Can	erations Branch reserves the king, going to school, or are e Fee Subsidy Assistance wa	right to co still involve s approved	ntact an employ d with the refer	er, education institution ral agent, and as a resu
Also, while in receipt of which allows for a maxin such, you will be charge	Child Care Fee num number o d the full daily	Subsidy Assi f paid absen rate for any	istance for a licensed pro- ce days in a calendar yea absent days exceeding y	gram, you are subject to the r, based upon your child's er ou maximum entitlement.	terms of the terms of	ne City of Ottaw hedule and nun	a's <u>Paid Days Away Poli</u> nber of service months.
Please carefully review t <u>document</u>) (either by ph overpayment may be cal	hem as failure ione, mail or er lculated for pas	to inform yo mail) could le st services.	ur Subsidy Co-ordinator of and to the termination of	of any changes in your family any ongoing Child Care Fee	y's circumst Subsidy Ass	ances <u>(Rights a</u> iistance that ha	nd Responsibility s been approved, and a
Please read the above h	yperlinked Righ	nts and Resp	onsibilities document, pri	nt a copy, sign and submit w	vith docume	entation.	
I agree to the above	ve						

Previous Screen

At this point your have NOT applied to any child care Centres.

Once the Complete button is clicked, the system will advance to your Home page. See section <u>3.1 Parent Home Portal</u>. You **must** now click on the Apply to Programs button in your child's section to apply to childcare centres.



5.0 Review Applications

On your <u>Home Portal</u> screen you can click on the <u>Click here to view a complete summary of your</u> applications link to display the active applications (Figure 5-0) Press the <u>Print View</u> link to print a copy of the active applications.

The current active applications for Jake Smith	are:		Print	
Niagara Region Home Child Care	Program	Application Date	Pref. Start Date	
3340 Schmon Parkway Thorold, L2V 3Z3 905-984-6900	Pre-School, Evenings (After 6:00pm)	September 09, 2013	September 03, 2013	
Return Home				

Figure 5-0

Click the Return Home link to return to the Home Portal screen as seen in Figure 3-11.



6.0 Care Requirements and Program Selection

This section allows the parent to indicate what type of care they are looking for and apply to specific programs.

6.1 Care Requirements

Care Requirements What you`re looking for.	2 Program Select Apply to programs.	tion	3 Summary Application Summary.	
For: Smith, Jake				
Preferred Start Date:		Preferred Provider Ty	/pe:	
Changing the preferred start date and program t waitlist you have currently applied to. Changes w waitlist applications.	imes will not alter any vill impact all future	 Select All Centre Based School Nursery Based Home Based 		
Days of the week requiring care:				
♥ Select All ♥ Sunday ♥ Monday ♥ Tuesday ♥ Wednesday	🗸 Thursday 🗸 Friday 🗸 S	Saturday 🗸 Varies		
Program times:		Optional Program filt	ers:	
 Select All Full Day Half Day AM Half Day PM After School Before School Evenings (After 6:00pm) PD Days 		 Select All Lunch Breakfast Dinner Early drop off Late Pickup Overnight Weekends 		
				Next Sten
				Hent Step

Enter the Preferred Start Date (mm/dd/yyyy) or click on the Calendar link and click on the date. Then:

- Select the Preferred Provider Type(s) (Select All, Centre Based, School, Nursery Based and/or Home Based)
- Select the days of the week requiring care (Select All, Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday or Varies)
- Select program times (Select All, Full Day, Half Day AM, Half Day PM, After School, Before School, Evenings (After 6:00pm), and/or PD Days)
- Select Optional Program filters (Select All, Lunch, Breakfast, Dinner, Early drop off, Late Pickup, Overnight and/or Weekends)

Click on the Next Step link to save this information and continue to the Program Selection form (See Figure 6-1).

Integrated Childcare [™]	U S E R G U I D E V E R 1 3 . 0 Ottawa
Child Care Registry and Waitlist	
6.2 Program Selection	
1 Care Requirements What you're looking for. 2 Program Selection Apply to programs. 3 Summary Application Summary	ry.
For: Smith, Jake	
The information you provided in the previous section directly affects the programs available to you. You have indicated that you required care on the following days: All Selected	
For these program times: After School, Before School, Evenings (After 6:00pm), PD Days You require the following options: Lunch, Dinner, Early drop off, Late Pickup, Overnight, Weeker Current Waitlists	nds
List View Map View	
Provider Name: Max Distance(km): 25 Filter	
Niagara Region Home Child Care Distance to provider: 16.61 km Si	10W Programs
Previous Screen	Next Step Figure 6-1

Click on the "Show Programs" link and the programs that match the requirements indicated is displayed (See Figure 6-2). Click the Apply link to register your child for that program.

Niagara Region Home Child C	are	Distance to provider: 16.61 km	Show Programs			
3340 Schmon Parkway, Thor	old, L2V 3Z3	<u>^</u>				
905-984-6900		SUBSIDIZED FAMILIES ONL				
Offers Subsidy	Special Needs 🗸	Home Child Care providers may have availability 24 hours a day, 7 days a week Placements available throughout Niagara Region				
Provider Type: Home						
Based						
Description Program		Date				
Evenings	(After 6:00pm), Pre-School		Apply			

Figure 6-2

Click on the Next Step link (located at the bottom of the page) to display the Summary form (See Figure 6-3).



Figure 6-3

Click on the Print View link to print a confirmation copy of the applications. Click on Previous Screen to return to the Program Selection form and make any required changes. Click on the Save & Return to Home Screen to save the application(s) and return to the <u>Home Portal</u> screen as seen in Figure 3-11.