



# CHILDREN'S SPECIAL ALLOWANCES

Do not use this area

Use this form to **apply for** or to **cancel** Children's Special Allowances (CSA). A separate form is required for each child. An agency should complete this form as soon as possible after a child starts or stops being maintained by the agency to minimize any financial hardship to the child's caregiver. For more information, see the back of this form.

Agencies can file applications and cancellations electronically. For more information on filing electronically, follow the "Children's Special Allowances (CSA)" link at [www.cra.gc.ca/cctb](http://www.cra.gc.ca/cctb) and select "CSA on the Net" or call **1-877-418-7714**.

Part 1 – Agency information			
Name of agency		Business Number	
Mailing address (Apt No – Street No Street name, PO Box, RR)		R A	
City	Province or territory	Postal code	
Telephone number	Name of agency contact person		

Part 2 – Child information			
First name	Initial	Last name	Child identification number
First name alias (if applicable)	Last name alias (if applicable)		<input type="checkbox"/> Female <input type="checkbox"/> Male
Place of birth – City	Province or territory (or country if outside Canada)	Date of birth:	Year Month Day

Part 3 – Applying for Children's Special Allowances			
Enter the date your agency <b>started</b> to maintain the child:			Year Month Day
			2 0
Previous recipient of CSA or Canada Child Tax Benefit (the child's previous caregiver, another agency, or a foster parent)			
Name of previous recipient		Social insurance number or Business Number	
Mailing address (Apt No – Street No Street name, PO Box, RR)			
City	Province or territory	Postal code	
<b>If the payments are to go directly to a foster parent, complete "Foster parent information" on the back of this form.</b>			

Part 4 – Cancelling Children's Special Allowances			
Enter the date your agency <b>stopped</b> maintaining the child:			Year Month Day
			2 0
Reason for cancelling (tick the box that applies):			
<input type="checkbox"/> under another's care	<input type="checkbox"/> missing / ran away	<input type="checkbox"/> kidnapped	
<input type="checkbox"/> adopted	<input type="checkbox"/> deceased	<input type="checkbox"/> other (please explain): _____	

Part 5 – Certification	
As chief executive officer, I certify that the information given on this application and in any documents attached is, to the best of my knowledge, correct and complete.	
Sign here _____	Date _____
It is a serious offence to make a false statement.	

