



Claim for Special Child Care Benefit and/or increased weekly limit of hours

When to use this form

- **Special Child Care Benefit (rate) for hardship, and/or**
- **Increased weekly limit of hours due to exceptional circumstances.**

Customers complete this form with the Approved Child Care Service Provider if you are a family who currently receives Child Care Benefit as reduced fees at an Approved Child Care Service Provider and you require the above types of assistance.

If you have any questions about completing this form, please ask your Approved Child Care Service Provider. When you have signed the form, **leave it with your service provider.**

Approved Child Care Service Providers complete relevant sections and sign the form to certify approval of Special Child Care Benefit (rate) for hardship within your service or for making a claim to the Special Child Care Assessment Team in the Family Assistance Office.

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- **Special Child Care Benefit (rate) for at risk, and/or**
 - **Increased weekly limit of hours due to at risk.**

Approved Child Care Service Providers complete this form if you think a child is at risk of serious abuse or neglect and your service is certifying approval of Special Child Care Benefit or making a claim to the Special Child Assessment Team in the Family Assistance Office for the above types of assistance.

The information you provide in relation to this claim may be disclosed to a third party where the disclosure is authorised under Commonwealth law. This includes disclosure under the *Freedom of Information Act 1982*. If you have any concerns regarding the release of this information, please attach a statement indicating your reasons.

Note: A claim can be made for one or more of the payments above.

Note: This form is for when an individual is conditionally eligible to receive Child Care Benefit as reduced fees for the child at risk. Approved Child Care Service Providers should refer to the ***Child Care Service Handbook*** for detailed information regarding the approval process for children at risk of serious abuse or neglect where no one is conditionally eligible to receive Child Care Benefit as reduced fees.

Note: Approved Child Care Service Providers should refer to the ***Child Care Service Handbook*** for information regarding the requirements and approval process for Special Child Care Benefit for at risk and for hardship and for increased weekly limit of hours due to exceptional circumstances.

What to do with this form

Approved Child Care Service Providers should, where responsible for certifying approval, retain this form along with any supporting documentation as a record of certification.

Where the claim is being made to the Family Assistance Office, this form is required by them for the purpose of administering Special Child Care Benefit. Please fax completed forms to the **Special Child Care Assessment Team** in the Family Assistance Office on fax number: **1800 700 533**. Phone number: **1800 050 021**

Special Child Care Benefit

Provides extra assistance with your child care fees, up to the usual fee charged by the Approved Child Care Service Provider. Special Child Care Benefit can be granted:

- to assist families experiencing a hardship event that significantly reduces their ability to pay the child care fees normally charged, while they adapt to their new circumstances.

Note: Where a financial hardship event creates a need for increased hours of care, the family may also be eligible for an increase in their weekly limit of Child Care Benefit hours due to exceptional circumstances. This may be covered by the Special Child Care Benefit rate (See *Increased weekly limit of hours due to Exceptional Circumstances* – next section).

- for children that are at risk, where the risk would be reduced if the child attended care or attended care for longer hours, and this is more likely to happen if Special Child Care Benefit rate is provided.

Approved Child Care Service Providers are responsible for certification of Special Child Care Benefit for a child for a limit of 13 weeks in a financial year. Claims above the 13 week limit need to be approved by the Family Assistance Office. Approved Child Care Service Providers should refer to the ***Child Care Service Handbook*** for detailed information regarding the 13 week limit.

Increased weekly limit of hours due to Exceptional Circumstances

Is an increase in the family's usual weekly limit of hours for Child Care Benefit. Increased eligible hours of child care can be granted if it is demonstrated that they are required due to exceptional circumstances. Circumstances might include serious illness or hospitalisation, the primary carer is unavailable due to other caring responsibilities or State emergency or disaster (e.g. if parents are away fighting fires).

Note: All claims for increased hours due to Exceptional Circumstances need to be approved by the Family Assistance Office.

What else do you need to provide

Customer:

You will need to supply documentation as evidence in support of your claim for Special Child Care Benefit for hardship or increased Child Care Benefit weekly limit of hours due to exceptional circumstances. This can include a medical certificate, court documentation or a signed statement from a social worker, counsellor, or other party. Documentation that is supplied must include contact details for the person so that information can be verified. If documentation cannot be provided a Statutory Declaration must be completed.

Approved Child Care Service Provider:

You will need to attach documentation provided by the customer in support of your certification of approval of Special Child Care Benefit for hardship and documentation where available in support of your certification of approval for Special Child Care Benefit for at risk.

If forwarding applications to the Family Assistance Office Special Child Care Assessment Team for approval, you must attach supporting documentation to assist in assessment of the application.

Privacy and your personal information

Personal information is protected by law including the *Privacy Act 1988*. The authority to collect this information is contained in family assistance law.

The information on this form is required for the purposes of administering Child Care Benefit. The Family Assistance Office may disclose limited information to the Department of Employment, Education and Workplace Relations, where relevant, for the purpose of assessing your circumstances to determine eligibility for this assistance. The Family Assistance Office can give your information to other persons, bodies or agencies without your permission in circumstances where Commonwealth legislation requires or authorises the disclosure.

For more information about privacy, go to our website at www.familyassist.gov.au or call the Family Assistance Office on **13 6150**.

Customer details

1 Details of the person liable to pay the child care fees.

Mr Mrs Miss Ms Other

Family name

First given name

Second given name

Other names have been known by

Date of birth / / Sex Male Female

Customer Reference Number (if known) - - -

2 Permanent address

.....
 Postcode

3 Contact details

Home phone number ()
Mobile phone number
Work phone number ()

4 Details of child(ren) in care

1 Full name

Other names known by

Date of birth / / Sex Male Female

2 Full name

Other names known by

Date of birth / / Sex Male Female

If there are more than 2 children in care, attach a separate sheet with details.

5 Are you the person listed at question 1?

No Go to next question

Yes Go to 8

6 Does the child(ren) require Special Child Care Benefit Child at Risk rate?

No

Yes

7 Does the child(ren) require increased eligible hours for Child at Risk?

No

Yes

8 Does the child(ren) require Special Child Care Benefit Hardship rate?

No

Yes

9 Does the child(ren) require increased eligible Child Care Benefit hours due to exceptional circumstances?

No

Yes

10 If you are a **Service Provider** Go to 11

If you are a **customer**

Note: Questions 12 to 16 need to be completed by the Service Provider in consultation with you where relevant.

Go to 17

11 Have you, the Service Provider, already approved Special Child Care Benefit (for either hardship or at risk) for any child(ren) at question 4 in the financial year?

No Go to next question

Yes Give details below

For what periods?

For hardship	
From	To
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

For child at risk	
From	To
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>



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Questions 12 to 16 need to be completed by the Service Provider in consultation with the customer where relevant.

12 Has the customer at question 1 previously received Special Child Care Benefit Hardship rate for the child(ren) at question 4 from any other approved child care service in the financial year?

No **Go to 14**

Yes **Go to next question**


13 For what periods?

From	To
/ /	/ /
/ /	/ /

14 Total number of hours required per week for each child in care?

Child 1	Child 2

If there are more than 2 children in care, attach a separate sheet with details.

15  Attach a summary of the child(ren)'s or family's circumstances and any supporting documents.

For more information, see *What else do you need to provide* on page 2.

16 For what period is assistance required for this claim?

From	To
/ /	/ /

Statement of the customer at question 1

For use only if applying for Special Child Care Benefit for Hardship or Increased eligible hours due to exceptional circumstances.

17 Statement

I declare that:

- the information I have provided on this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence.
- the Family Assistance Office can make relevant enquiries to ensure the correct entitlement is received.
- the Family Assistance Office will release to the Approved Service Provider(s) and the Department of Employment, Education and Workplace Relations information necessary to administer Child Care Benefit.
- any overpayment of family assistance will need to be paid back and that some or all of an overpayment may be recovered from future family assistance payment(s), including end of year supplement payment(s).

Signature of Customer

Date

/ /

Please leave this claim with your child care service provider.

Approved Child Care Service Provider details

18 Approved Service Provider

Name of Approved Service Provider (print or use a stamp)

Approved Service Provider's address

Postcode

Service ID number

19 Is this claim for Special Child Care Benefit for Child at Risk rate and/or increased hours and the period at question 11 is **more than 13 weeks**?

- No You must certify approval of this claim at the service.
Note: You must certify this claim at the service unless you have exceeded your 18 per cent limit and do not have approval for a higher limit.

Go to next question

- Yes You must send this completed claim to the Family Assistance Office for approval.

Go to next question

20 Is this claim for Special Child Care Benefit **Hardship rate** and the periods at question 11 for hardship and question 13 combined are **more than 13 weeks**?

No You must certify approval of this claim at the service.

▶ *Go to next question*

Yes You must send this completed claim to the Family Assistance Office for approval.

▶ *Go to next question*

21 Certificate of rate/hours

For use by Approved Child Care Service Providers only when certifying approval of Special Child Care Benefit rate and/or hours within your service. NOT for use when requesting the Family Assistance Office to approve the claim.

I certify that for the period

from to

the

(name of service)

has approved

Tick ALL that apply

fee reductions

increased hours

for

(name of customer)

of the following amount

\$ per hour

amounting to

\$ per week

for sessions of care provided to child(ren)

1 Child's Full name

2 Child's Full name

If there are more than 2 children in care, attach a separate sheet with details.

because the

child(ren) is at risk of abuse or neglect

or

customer is in hardship

22 Contact details of the Approved Service Provider for enquiries

Name

Contact phone number ()

Statement of Approved Child Care Service Provider

23 Statement

I declare that:

- the information I have provided on this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence.
- the Family Assistance Office can make relevant enquiries to ensure the correct entitlement is received.
- the Family Assistance Office will release to the Department of Employment, Education and Workplace Relations information necessary to administer Child Care Benefit.

Signature of Approved Child Care Service Provider

Date