



Nomination of eligible hours

where a child is attending more than one service

You should complete this form if your child or children attend more than one Child Care Benefit approved child care service in the same week, and where the hours of child care used are likely to exceed your weekly Child Care Benefit (CCB) eligible hours limit. This form will enable you to direct your CCB eligible hours to the service of your choice.

CCB can only be paid up to your weekly limit of eligible hours.

The total number of hours you nominate across all services should not exceed your weekly CCB eligible hours limit. Your weekly CCB eligible hours limit is shown on your CCB assessment notice, issued by the Department of Human Services.

You can change this nomination at any time and should inform your service if your weekly CCB eligible hours limit changes.

The information you include on this form will be used by Department of Human Services when calculating your weekly CCB and Child Care Rebate (CCR) fee reductions.

The nomination of CCB eligible hours in these circumstances is voluntary and your child care service cannot insist that you complete this form.

If you choose to nominate how your CCB eligible hours are allocated to your child care services you will need to complete a nomination form at all services attended by your child or children in the week.

If you choose not to nominate how your eligible hours are allocated to all the services you attend, CCB will be paid on a first-in first-served basis (that is, firstly to whichever service reports your weekly attendance first, and then to other services if there are still hours in the week for which you are eligible). If you complete a nomination form your service will inform the Department of Social Services of how many hours you nominate, along with other information provided about your child's attendance. This will be used to determine the amount of CCB and/or CCR paid to services on your behalf.

Services must keep a copy of this form and may need to provide it to the Department of Social Services to verify that they have reported your nominated hours in accordance with your nomination.

If you have any questions about how to complete this form, please speak to your child care service.

Your details

Family name _____
Given name(s) _____
Home address _____ Postcode _____
Home phone number () _____

What is the weekly CCB eligible hours limit on your CCB assessment notice issued by DHS? _____ Hours

Child details

Child 1

Family name _____
Given name(s) _____
Number of CCB eligible hours you wish to claim for this child at this service? _____ Hours
Does this nomination apply for a specific period or is it ongoing?

Ongoing _____
OR Specific period _____ → Start Date: / /
End date: / /

Note: Start date cannot be earlier than the Monday of the current week.

Child 2

Family name _____

Given name(s) _____

Number of CCB eligible hours you wish to claim for this child at this service? _____ Hours

Does this nomination apply for a specific period or is it ongoing?

Ongoing _____

OR Specific period _____ → Start Date: / /
 End date: / /

Note: Start date cannot be earlier than the Monday of the current week.Child 3

Family name _____

Given name(s) _____

Number of CCB eligible hours you wish to claim for this child at this service? _____ Hours

Does this nomination apply for a specific period or is it ongoing?

Ongoing _____

OR Specific period _____ → Start Date: / /
 End date: / /

Note: Start date cannot be earlier than the Monday of the current week.Child 4

Family name _____

Given name(s) _____

Number of CCB eligible hours you wish to claim for this child at this service? _____ Hours

Does this nomination apply for a specific period or is it ongoing?

Ongoing _____

OR Specific period _____ → Start Date: / /
 End date: / /

Note: Start date cannot be earlier than the Monday of the current week.**Statement**

- I declare that the information I have provided on this form is complete and correct.
- I understand Department of Human Services will calculate my weekly CCB and/or CCR fee reductions using the information contained in this form.
- I understand that I can only nominate up to my CCB eligible hours for each child across all services used during the week.

Signature _____ Date / /

Families who require translating and/or interpreting assistance should call the Department of Human Services Multilingual Telephone Services on 131 202.

Service to complete

Service details

Service name _____

Service CCB Approval Id _____

Enrolment ID – Child 1 _____

Child 2 _____

Child 3 _____

Child 4 _____

What you must do with this form

You must record the nominated hours as specified by the family on this form on each weekly attendance record, for the period nominated by the family.

You must retain a copy of this form for 36 months from the end of the calendar year in which the care was provided.