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Application for Special Child Care Benefit (SCCB) for a Child at Risk

when a service is eligible for Child Care Benefit (Service SCCB)

What is Service SCCB?

Special Child Care Benefit (SCCB) is part of the range of assistance provided by the Australian Government to assist families to access quality child care and early childhood learning for children who are considered at risk of **serious abuse or neglect**.

The term ‘Service SCCB’ is used as shorthand to refer to the circumstances where a service is eligible in relation to a child at risk under section 47 of the *A New Tax System (Family Assistance) Act 1999* (the Act).

This form only applies to Service SCCB. It does not apply where an individual is conditionally eligible in relation to a child at risk, or where an individual who is conditionally eligible is experiencing hardship.

When giving certificates for Service SCCB, please ensure that you are also familiar with your service’s obligation to not exceed the SCCB reporting period limit. If you do exceed it, your service will incur a debt to the Australian Government that must be paid back. The reporting period limit for the current quarter is, unless the Secretary (of the Department of Social Services) has determined otherwise, the following amount: 18 % of the total Child Care Benefit that is payable to your service in the quarter two quarters before the current quarter.

Please refer to section 14 of the Child Care Service Handbook and the **SCCB fact sheet** for more information on SCCB and circumstances when it should be applied, including information about the reporting period limit.

To claim Service SCCB for a session of care, your service must believe at the time the session of care is provided to the child that the child is at risk of serious abuse or neglect. This is a requirement of section 47 of the Act.

When to use this form

Complete this form when Service SCCB applies (that is, when your service is eligible in relation to a child at risk under section 47 of the Act); and

* your service is applying, under section 81(5) of the Act, to the Secretary (of the Department of Social Services) for a determination under section 81(4) of the Act of the hourly rate of child care benefit by fee reduction for a child at risk of serious abuse or neglect because either:

– your service has already certified a period of 13 weeks in the financial year for that child (under section 76(2) of the Act); or

– your service has reached or exceeded your service’s reporting period limit for the current quarter.

How to use this form

1. **Please complete all of Parts A, B and C of the form.**

2. Send this completed and signed form, together with supporting documentation (if appropriate), to the CCMS Helpdesk either by:

 Fax – 1300 663 429

 Email – ccmshelpdesk@dss.gov.au

Additional information about applying for a determination to be made under
section 81(4) of the Act

The objective for SCCB for children at risk is to ensure their safety and wellbeing. Services must be able to justify how a child’s circumstance meets this objective. When making an application for a determination under section 81(4) of the Act your service should make a clear case, against the Special Child Care Benefit criteria, to demonstrate that the child is at risk of serious abuse or neglect. Please note that for ‘child at risk’ applications made under section 81(4) of the Act, the documentation your service provides to demonstrate the child is at risk must focus on the child and the risk factors that affect the child, and not the parent or the particular circumstances of the parent.

Protected information

Information contained in this form about your service and any individuals is protected information under the family assistance law. Protected information can only be disclosed to other persons for the purposes of the family assistance law and in some other limited circumstances (see sections 161 to 169, *A New Tax System (Family Assistance) (Administration) Act 1999*).

Other general information about this form

Two authorised persons from your child care service must sign this form for it to be processed, unless you are a sole trader.

If this form is not completed in full for the option(s) your service has selected, it will not be processed.

If you have any questions about how to complete this form, please contact the CCMS Helpdesk on 1300 667 276.

PART A

1. Reason why you are submitting this form

Please tick ONE of the following options

Your service is applying for a determination to be made under section 81(4) of the Act for the child
named below because:

1. your service has already given a section 76(2) certificate under the Act for this child
for an initial period of 13 weeks in this financial year; or [ ]
2. if your service gives a section 76(2) certificate under the Act for this child, your service
will exceed your service’s reporting period limit for the current quarter. [ ]

**Note**: For applications for a determination under section 81(3) of the Act (individual conditionally eligible in relation to a child at risk), your service must send an application to the Special Child Care Benefit Assessment team at the Department of Human Services. For applications for a determination under section 81(2) of the Act (individual conditionally eligible is experiencing hardship), an application must be sent to the Special Child Care Benefit Assessment team at the Department of Human Services. In both cases, please use form number [**FA023**](http://www.humanservices.gov.au/customer/forms/fa023).

Service details

Organisation name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organisation ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CCB Approval ID/s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postcode\_\_\_\_\_\_\_\_\_

Service contact details for enquiries

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family details

Child name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child date of birth \_\_\_/\_\_\_/\_\_\_\_

Child CRN (if known) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian name (if known) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian date of birth
(if known) \_\_\_/\_\_\_/\_\_\_\_

Parent/Guardian CRN (if known) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian relationship
to child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Period during which at risk circumstances apply

From \_\_\_/\_\_\_/\_\_\_\_ To \_\_\_/\_\_\_/\_\_\_\_

Period of service SCCB your service is seeking approval for
(this must be a period of complete weeks, starting on a Monday)

From \_\_\_/\_\_\_/\_\_\_\_ To \_\_\_/\_\_\_/\_\_\_\_

Service SCCB enrolment ID

Enrolment ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attendances for the period specified in this application must be reported in a Service SCCB enrolment in CCMS.

Any period of SCCB certified for the child since 1 July of the financial year in which your service has certified or had approved through the Department of Human Services and the Department of Social Services

From \_\_\_/\_\_\_/\_\_\_\_ To \_\_\_/\_\_\_/\_\_\_\_

From \_\_\_/\_\_\_/\_\_\_\_ To \_\_\_/\_\_\_/\_\_\_\_

From \_\_\_/\_\_\_/\_\_\_\_ To \_\_\_/\_\_\_/\_\_\_\_

Child enrolment information

Start time End time

Monday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tuesday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Wednesday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thursday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Friday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Saturday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sunday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family day care services only

Name of the educator
providing the care \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Educator ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PART B

**Child at risk circumstances**

Please set out in the ‘Child at risk circumstances’ section of this form, below, the evidence that supports your application for Service SCCB for this child**.** Also, please attach any additional supporting documentation to this application. It is important that for ‘child at risk’ claims this documentation focuses on the child and the risk factors that impact on the child and not the parent in the particular circumstances of the parent. Please note that Service SCCB is only available for a child at **risk of serious abuse or neglect**.

1. Child at risk circumstances

PART C

Declaration by service representatives

Service’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The service named above:

* believes that the child named above is at risk of serious abuse of neglect; and
* is applying for a determination to be made under section 81(4) of the Act of the hourly rate of Child Care Benefit by fee reductions for the period, as specified below.
1. Details of application

For the child named above, the service named above requests that for the period:

from \_\_\_/\_\_\_/\_\_\_\_ to \_\_\_/\_\_\_/\_\_\_\_

the Secretary determine an hourly rate of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per hour

amounting to $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per week for sessions of care to be provided to this child.

Authorised person 1

* I declare that the information provided on this form is true and correct.
* I understand that giving false or misleading information is a serious offence.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_/\_\_\_/\_\_\_\_

Authorised person 2

* I declare that the information provided on this form is true and correct.
* I understand that giving false or misleading information is a serious offence.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_/\_\_\_/\_\_\_\_