Australian Government
Department of Social Services
Application for
Regional Travel Assistance Grant



Regional Travel Assistance Grant (RTAG) payments are made to eligible Family Day Care and In Home Care services in line with the Community Support Programme Guidelines, as varied from time to time. The current RTAG rate can be found in the CSP Payment Rate Fact Sheet on the department's website.

## PART A - Service details

1. Name of your service:
2. Physical address of the service:
3. Name of Director/Coordinator:
4. Contact phone number(s):
5. Is your service Family Day Care or In Home Care: $\square$

## PART B - Travel details

The following kilometre thresholds apply:

| Kilometre thresholds |  |
| :--- | :--- |
| Size | Quarterly kilometre <br> threshold per service |
| 50 equivalent full time utilised <br> places or less | 975 km |
| $50-150$ equivalent full time <br> utilised places | 1950 km |
| More than 150 equivalent full <br> time utilised places | 2925 km |


| Ground travel |  |  |  |
| :--- | :--- | :--- | :--- |
| Vehicle <br> registration: | Actual kilometres <br> travelled: | Number of kilometres <br> over the threshold: | Office use only <br> Kms above threshold X rate per km: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |


| Air travel |  |  |  |
| :--- | :--- | :--- | :--- |
| From: | To: | Economy fare <br> Paid: | Equivalent road <br> kilometres (estimate): |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## PART C - Applicant declaration

- I declare that the information given in this application is complete and correct;
- I authorise the department to verify any information provided in this application; and
- I am authorised to act on behalf of the child care service.

| Signature of authorised officer: |  |  |  |
| :--- | :--- | :--- | :---: |
| Date: |  |  |  |


| Name (please print): |  |
| :--- | :--- |
| Position: |  |

NOTE: Giving false or misleading information is a serious offence

## Returning the application

Applications should be submitted to the Department of Social Services office in your State or Territory.
Office use only - Please use red pen

| I am authorised to sign on behalf of the Department: |  |  |
| :--- | :--- | :--- |
| Printed name: |  |  |
| Date: |  |  |

