



## **Application for Child Care Benefit for 24-hour care beyond 14 periods per financial year**

A family may receive 24-hour care in a Child Care Benefit approved child care service (excluding occasional care services) when because of work-related commitments or exceptional circumstances neither parent (or the single parent) is available to care for the child for a period of 24 hours.

Child Care Benefit approved child care services have discretion to approve up to 14 periods of 24-hour care for a child in a financial year (for example, 1 July 2015 – 30 June 2016). After 14 periods of 24-hour care are used, this form must be completed as soon as possible and in advance of further 24-hour care being provided, and forwarded to the Special Child Care Assistance Team in the Department of Human Services. They can be contacted on 1800 050 021, or by fax to 1800 700 533.

### **1 Customer details**

Family name \_\_\_\_\_  
Given names \_\_\_\_\_  
Home address \_\_\_\_\_  
Postcode \_\_\_\_\_  
Home telephone number ( ) \_\_\_\_\_  
Work telephone number ( ) \_\_\_\_\_  
Customer Reference Number (CRN) \_\_\_\_\_

### **2 Child details**

	Child 1	Child 2	Child 3	Child 4
Family name	_____	_____	_____	_____
Given names	_____	_____	_____	_____
Child CRN	_____	_____	_____	_____

*If 24-hour care is being sought for more than four children, please attach a separate sheet with the above details.*

### **3 Care required**

Please provide detailed information about the reason(s) 24-hour care is required. Please attach a separate sheet if insufficient space.

*Note: The bottom one-quarter of Page 1 has been left blank here for you to provide your detailed information.*

#### 4 24-hour care periods required

Please provide information about the number of 24-hour care periods required (covered by this application), and dates:

Number of periods required: \_\_\_\_\_

Dates: from     /     /     to     /     /  
           from     /     /     to     /     /  
           from     /     /     to     /     /

#### 5 24-hour care periods previously approved

Please record any periods of 24-hour care approved for the child by any Child Care Benefit approved service, since 1 July of this financial year:

Number of periods approved: \_\_\_\_\_

Dates: from     /     /     to     /     /  
           from     /     /     to     /     /  
           from     /     /     to     /     /

*If you are unsure how many periods of 24-hour care have been approved since 1 July of this financial year, please contact the Special Child Care Assistance Team in the Department of Human Services. They can be contacted on 1800 050 021, or by fax to 1800 700 533.*

#### 6 Parent statement

- I declare that the information I have provided on this form is correct to the best of my knowledge.
- I understand that the Department of Human Services will release information necessary to administer my Child Care Benefit and/or Child Care Rebate to my child care service(s) and the Department of Social Services. I understand there are penalties for giving false or misleading information.

Signature \_\_\_\_\_ Date     /     /

#### What to do next

- When the form is fully completed and signed give it to your service.
- Your service will forward your application to the Special Child Care Assessment Team in the Department of Human Services
- When your application has been assessed your service will be notified of the result, and you will be advised whether the application has been approved.

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

#### Service to complete

##### Service details

Service name \_\_\_\_\_

Service CCB Approval ID \_\_\_\_\_

Service address \_\_\_\_\_

Postcode \_\_\_\_\_

Service telephone number (     ) \_\_\_\_\_

Name of contact person \_\_\_\_\_

**Department of Human Services use only**

I, \_\_\_\_\_,

*Please clearly print name*

acting under authorised delegation for the Secretary for the Department of Social Services:

**approve** this application for Child Care Benefit 24-hour care for the child(ren) named in this application.

Approval is granted for the period between    /    /    to    /    /

**do not approve** this application for 24-hour care, as the reasons specified are not consistent with those for which approval may be made.

**Signature** \_\_\_\_\_

Date    /    /

Position in organisation