



Approval for 24-hour child care for up to 14 periods in a 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 (nor the single parent) is available to care for the child for a period of 24 hours. For further information on **work-related commitments** please refer to Section 11.3 of the Child Care Service Handbook.

Exceptional circumstances are short-term family crises of a very severe or serious nature, and are defined in the *Child Care Benefit (Hours of Eligibility Rules) Determination 2000*. They could include situations such as:

- hospitalisation
- short-term physical incapacity
- short-term episodes of psychological or psychiatric illness
- serious illness of a member of the person's family
- intensive medical treatment
- short-term carer responsibilities for other family members
- voluntary work associated with an emergency or disaster (such as bush fires, storms or floods)
- attendance at a funeral or bereavement service requiring long-distance travel
- resolution of a family member's estate that involves long-distance travel
- attendance at court as a party to proceedings, a juror or a witness.

It is not possible to list all the circumstances in which a family would meet the criteria for exceptional circumstances. **Each application is considered on its merits.**

Access to 24-hour care is controlled because of concern over the care of the child and the high cost to the community. Families requiring 24-hour care for reasons that do not meet work-related commitments or exceptional circumstances should not be approved (for example, moving house or attending social functions).

Child Care Benefit approved child care service providers 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).

This form must be completed to record approval of those individual periods of 24-hour care approved within the discretionary limit. After 14 periods of care in a financial year have been used by a child, a separate application for approval must be made to the Department of Human Services by submission of the appropriate form.

Service providers may be required to report periods of extended consecutive care in accordance with the state/territory regulations where they apply.

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: This section 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 since 1 July of this financial year by your child care service, or any other Child Care Benefit approved service:

Number of periods approved: _____

Dates:

from	/	/	to	/	/
from	/	/	to	/	/
from	/	/	to	/	/

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** / /

Service to complete**Service details**

Service name _____

Service CCB Approval ID _____

Service address _____
_____ Postcode _____

Service telephone number () _____

Name of contact person _____

For further information about this form, please contact the Department of Social Services CCMS Helpdesk on 1300 667 276 (local call cost).