

## **Notes for Child Care Benefit for Australian Government** registered care **Family Assistance Office**

Purpose of these notes	These notes provide information for people using registered child care who want to claim Child Care Benefit.
	With registered care, you are entitled to the minimum rate of Child Care Benefit for a maximum of 50 hours of care per child per week, but you are not entitled to the Child Care Tax Rebate.
For more information	Call the Family Assistance Office on <b>13 6150</b> , visit your local Family Assistance Office or go to our website at <b>www.familyassist.gov.au</b>
	To speak to the Family Assistance Office in languages other than English, call <b>13 1202</b> .
	<b>Note:</b> Calls from your home phone to the Family Assistance Office 13 numbers from anywhere in Australia are charged at a fixed rate. That rate may vary from the price of a local call and may also vary between telephone service providers. Calls to 1800 numbers from your home phone are free. Calls from public and mobile phones may be timed and charged at a higher rate.
	The Family Assistance Office is located in all Medicare offices, Centrelink Customer Service Centres and Australian Taxation Office shopfronts.
If you have a hearing or speech impairment	<b>TTY service</b> Freecall <sup>™</sup> <b>1800 810 586</b> . A TTY phone is required to use this service.
Interpreters and translations	If you need an <b>interpreter</b> or <b>translation</b> of any documents for Family Assistance Office business, we will arrange this for you free of charge.

Child Care Benefit is assistance to help with the cost of child care. Child Care Benefit can be claimed in different ways depending on the type of child care you use. It is not available through the tax system.

Child Care Benefit is a payment to help families who use:

- registered child care, and/or
- approved child care.

**Registered care** is child care provided by nannies, grandparents, relatives or friends who are registered with the Family Assistance Office. In some circumstances it can also include child care provided by individuals in private pre-schools, kindergartens and some outside school hours care services. Your child carer must be registered with the Family Assistance Office for you to claim Child Care Benefit. Your child carer can contact the Family Assistance Office on **13 6150** for information on how to become registered.

**Approved child care** is care provided by a service provider that has been approved to receive Child Care Benefit payments on behalf of eligible families.

**For families using registered care** — You can only claim Child Care Benefit by completing this form and lodging it with your child care receipts at the Family Assistance Office within 12 months from the date care was provided. For example, if you use child care on 13 August 2007, you must lodge your claim by 13 August 2008.

You cannot be paid for any sessions of care for your child if you are the registered child care provider.

#### For families using approved care — please do not use this form.

For information about the different ways you can claim Child Care Benefit for approved care, call the Family Assistance Office on **13 6150**. To find an approved child care provider in your area call the Child Care Access Hotline on **1800 670 305** (**TTY 1800 639 327**).

**For families using registered care AND approved care** — You will need to claim Child Care Benefit separately for each type of care.

We also need to know if each child attends school. For Child Care Benefit purposes, **a school child** is a child who attends primary or secondary school or is on a break from school (for example, school holidays) and will be returning to primary or secondary school after that break. For Child Care Benefit purposes, children who are in the following classes are regarded as being in the first year of primary school:

- kindergarten in NSW or ACT
- transition in NT
- preparatory or year 1 in QLD

pre-primary in WA

- preparatory in VIC and TASreception in SA
- Once you have completed this form and lodged it with your child care receipts\*, the Family Assistance Office will send your payment to your nominated account. The **Family Assistance Office** does not make cash payments.

- the service provider's Customer Reference Number
- dates when the care commenced and ended
- · the hours of care, and
- the amount paid for each child in care.

<sup>\*</sup> Child care receipts should include:

	To be eligible for Child Care Benefit if you are using a registered child care provider, you and your partner (if you have one) must satisfy the work, training or study test at some time during the week (Monday to Sunday) in which the care was provided.
	For example, if you had your child in registered care on Wednesday 2 July 2008, you and your partner must satisfy the work, training or study test at any time during the week beginning Monday 30 June and ending Sunday 6 July.
You satisfy the work, training or study test	• you OR your partner get Carer Allowance for a child (Carer Allowance is a Centrelink payment that provides assistance to parents and guardians who care for a child with a disability)
if:	<ul> <li>OR</li> <li>you AND your partner (if you have one) meet the eligibility requirements listed below at some time during the week in which the care was provided.</li> </ul>
Eligibility requirements	<i>Working</i> Working includes: paid full time, part time or casual work, self employment, paid leave, unpaid sick leave, paid or unpaid maternity leave, and setting up a business
	<i>Voluntary work</i> Voluntary work for 15 hours or more per week, any voluntary or unpaid work to improve your work skills
	Looking for work
	<i>Studying/training</i> Studying and training includes undertaking a course to increase your job prospects, attending a school, university or college, and being on a semester break
	<i>Other circumstances</i> Have a disability, caring for an adult or child who has a disability, are outside Australia or in prison
	<i>For example</i> To be eligible for up to 50 hours of Child Care Benefit per week for a child in <b>registered care</b> , a couple could be (and these are not the only possibilities):
	both working
	<ul> <li>one working and one studying</li> </ul>
	• one with a disability and the other partner working
	<ul> <li>one with a disability and the other partner caring for that person</li> </ul>
	<ul> <li>one studying and the other partner caring for a child with a disability</li> <li>one receiving Carer Allowance for a child.</li> </ul>
	For <b>approved care</b> , the work, training or study test requirements are different.
	Please note: If you have a partner, you and your partner:
	<ul> <li>do not have to be in the same category, and</li> </ul>
	<ul> <li>do not have to satisfy the work, training or study test on the same day—so long as you both satisfy the work, training or study test at some time during the week in which the care was provided.</li> </ul>
	If you have a partner, only one of you can satisfy the work, training or study test under the <i>other circumstances eligibilit</i> , requirement.
	Remember if you have a partner then both of you must meet any one of these requirements to claim Child Care Benefit

Remember, if you have a partner then both of you must meet any one of these requirements to claim Child Care Benefit for registered care, unless one of you receives Carer Allowance for a child.

Parents returning to work	Parents who return to work after the birth of a child may be entitled to Family Tax Benefit Part B for the financial year period before returning to work. Eligibility for this extra assistance will be calculated after the end of the financial year when Family Tax Benefit payments are balanced.
	For more information about Family Tax Benefit Part B call us on <b>13 6150</b> or go to our website at <b>www.familyassist.gov.au</b>

**Note:** If you and/or your partner are currently on a break from work to care for a newborn or young child who has recently come into your care, and return to work later this financial year or a subsequent financial year, you should tell the Family Assistance Office.

Please remove this Notes booklet from the claim form if you have not already done so.

To claim **Child Care Benefit** for any child who is under **seven years old**, you may need to prove that your child's immunisation is up-to-date or that you have an approved exemption for your child.

If the child's immunisation is up-to-date, the easiest way to prove this is to provide the number on the current Medicare card the child is listed on.

If you do not want to provide the current Medicare number or you do not know it, and you do not have an approved exemption, you can provide:

- an '**Immunisation history form**' completed by your doctor or other recognised immunisation provider, or
- an 'Immunisation history statement' from the Australian Childhood Immunisation Register.

#### Approved exemptions

Your child is exempt from the immunisation requirement in the following circumstances:

- your child cannot be given a particular scheduled vaccine due to a temporary or permanent medical condition—your child's doctor or a recognised immunisation provider will need to complete a '**Medical Contraindication form**' or provide a letter stating that your child cannot be immunised.
- your child's family holds a personal, philosophical or religious belief that your child should not be immunised—your child's doctor, or a recognised immunisation provider will need to complete a 'Conscientious Objection form' or provide a letter stating that the benefits and risks of immunisation have been explained to you and because of your beliefs you do not want your child immunised.
- your child has a natural immunity to a disease or a vaccine is temporarily unavailable—you will need a **letter from your child's doctor or recognised immunisation provider** explaining the reasons.
- your child is in a category specified by the Minister for the Department of Education, Employment
  and Workplace Relations as being exempt from the requirement to be immunised. Members of
  the Church of Christ, Scientist are included in this category and you will need a letter from an
  official of the church stating that you and/or your partner are practising members of this church.

Privacy and your personal information	Personal information is protected by law including the Commonwealth Privacy Act. The authority to collect this information is contained in family assistance law.
	The information you provide on this form will be used to determine your eligibility for, and provide payments and services to you, and where relevant, third parties (for example, other family members). Certain information may be used to detect or prevent fraud and/or recover overpayments.
	The Family Assistance Office may give some or all of your information to the Department of Human Services, the Department of Education, Employment and Workplace Relations and partner agencies including Centrelink, the Department of Families, Housing, Community Services and Indigenous Affairs, the Australian Taxation Office and Medicare Australia for the purposes of assessing, delivering and monitoring of these payments and services provided to you.
	The Family Assistance Office may also disclose limited information (for example, income) about you to other parties when your circumstances affect their entitlement to payments and services.
	In order to collect relevant immigration records, the Family Assistance Office will disclose information needed to identify you, and where applicable your partner and child(ren), to the Department of Immigration & Citizenship.
	Limited personal information may be used to conduct customer research run by the Family Assistance Office, the Department of Human Services, the Department of Education, Employment and Workplace Relations or by research organisations on their behalf. Your participation in customer research is valued, however, if you do not wish to take part, please call the Family Assistance Office on <b>13 6150</b> .
	The Family Assistance Office can give your information to other persons, bodies or agencies without your permission in circumstances where Commonwealth legislation requires or authorises the disclosure. For example, the Family Assistance Office may give some or all your information about your income to the Australian Taxation Office and the Child Support Agency for their use.
	For more information about privacy, call the Family Assistance Office on <b>13 6150</b> or go to our website at <b>www.familyassist.gov.au</b>

Self Service offers you a quick and easy way to do your business with the Family Assistance Office by using phone or online Self Service options at a time that is convenient to you.

#### eServices

Registration for eServices is easy and only takes a few minutes. Register by clicking the eServices tab at **www.familyassist.gov.au** When you register, you will be given a Customer Access Number (CAN) and asked to choose a password.

Once online, you can:

- make a claim for Maternity Immunisation Allowance, Family Tax Benefit, and Child Care Benefit for up to the past 2 financial years
- update your income estimate and see how it affects your payments
- request an advance payment of Family Tax Benefit
- see your Family Tax Benefit advance details
- check when you'll be paid by the Family Assistance Office
- access a range of other services.

#### eServices by phone

eServices by phone is also available 24 hours, seven days a week. Once registered you will be given a PIN and can phone **13 6240** to access a number of options including:

- hear your income estimate
- hear your Family Tax Benefit advance details
- hear your payment history.

Customer support for this number is available from 8am to 8pm (local time) Monday to Friday except national or state public holidays.

For more information about Self Service or availability times, go to our website at **www.familyassist.gov.au** or call the Family Assistance Office on **13 6150**.



Australian Government

Family Assistance Office

# Claim for Child Care Benefit for registered care

When to use this form	Use this form if you are using registered child care and want to claim Child Care Benefit.
	<ul> <li>You must provide the original receipts from your registered carer with this claim to confirm how much care you have used and paid for.</li> </ul>
	<ul> <li>The 'period you are claiming for' is the period covered by the receipts you provide with this form.</li> </ul>
	<ul> <li>DO NOT use this form to claim Child Care Benefit for approved care.</li> </ul>
	With registered care, you are entitled to the minimum rate of Child Care Benefit for a maximum of 50 hours of care per child per week, but you are not entitled to the Child Care Tax Rebate.
For more information	Call the Family Assistance Office on <b>13 6150</b> , visit your local Family Assistance Office or go to our website at <b>www.familyassist.gov.au</b>
	To speak to the Family Assistance Office in languages other than English, call 13 1202.
	<b>Note:</b> Calls from your home phone to Centrelink 13 numbers from anywhere in Australia are charged at a fixed rate. That rate may vary from the price of a local call and may also vary between telephone service providers. Calls from public and mobile phones may be timed and charged at a higher rate.
If you have a hearing or speech impairment	<b>TTY service</b> Freecall <sup>™</sup> <b>1800 810 586</b> . A TTY phone is required to use this service.
Interpreters and translations	If you need an <b>interpreter</b> or <b>translation</b> of any documents for Family Assistance Office business, we will arrange this for you free of charge.
What else you will need to provide	This form tells you which <b>other documents</b> you need to provide to support your claim. Please remember that we need to see original documents (please do not provide photocopies).
Filling in this form	Please use black or blue pen.
	Mark boxes like this 🗌 with a 🖌 or X.
	Where you see a box like this <b>b</b> <i>Go to 5</i> skip to the question number shown. You do not need to answer the questions in between.

### **Returning the form(s)**

Check that you have answered all the questions you need to answer, and that you have signed and dated the form.

Return your completed claim form (and required documents) to the Family Assistance Office in person or by post, **within 12 months from the date the care was provided**.

If you return your claim form (and required documents):

- by post we will photocopy your documents, and return the originals to you by registered post.
- in person we will photocopy your documents, and return the originals to you.

The Family Assistance Office is located in all Medicare offices, Centrelink Customer Service Centres and Australian Taxation Office shopfronts.

You	Your partner
Do you need an interpreter when dealing with the Family	This question is optional.
ssistance Office?	Does your partner need an interpreter when dealing with the
includes an interpreter for people who have a hearing or chimpairment.	Family Assistance Office?
	This includes an interpreter for people who have a hearing or speech impairment.
Go to next question What is your preferred spoken language?	No Go to next question
	Yes What is your partner's preferred spoken language?
What is your proferred written lenguage?	
What is your preferred written language?	What is your partner's preferred written language?
give permission for your partner to discuss your payments	
us?	
can change this authority at any time	
ur name	Your partner's name
Mrs Miss Ms Other	Mr Mrs Miss Ms Other
name	Family name
iven name	First given name
-	
d given name	Second given name
	-
	L
you ever used or been known by any other names	Has your partner ever used or been known by any other names
. name at birth, maiden name, previous married name, riginal or tribal name, alias, adoptive name, foster name)?	(e.g. name at birth, maiden name, previous married name, Aboriginal or tribal name, alias, adoptive name, foster name)?
Go to next question	No $\frown$ Go to next question
Give details below	Yes Give details below
Dther name	1 Other name
e of name (e.g. name at birth)	Type of name (e.g. name at birth)
her name	2 Other name
name (e.e. maiden name)	
be of name (e.g. maiden name)	Type of name (e.g. maiden name)
you have more than 2 other names, attach a separate sheet	If your partner has more than 2 other names, attach a separate

with details.

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sheet with details.

	Vou	Vour portpor
	You	Your partner
5	Your sex	Your partner's sex
	Male	
	Female	Female
6	Your date of birth	Your partner's date of birth
7	Your Customer Reference Number (if known)	Your partner's Customer Reference Number (if known)
8	Your permanent address	
	Postcode	
9	Your postal address (if different to above)	
	Postcode	
10	Your contact details	Your partner's contact details
	Home phone number ( )	Home phone number ( )
	Is this a silent number? No Yes	Is this a silent number? No Yes
	Mobile phone number	Mobile phone number
	Work phone number ( )	Work phone number ( )
	$\mathbf{r}$	

11	What is your CURRENT marital status?	
	Married Date of marriage	
	/ /	
	Partnered (de facto) Date you started living de facto	
	/ /	
	Separated Date of separation	
	(include de facto) / /	
	Divorced Date of divorce	
	Widowed Date of partner's death	
	Never married or lived in the	
	same home with a partner	
	If none of the above describes your current marital status, please call us on <b>13 6150.</b>	
12	Questions 12 and 13 are optional and will not affect your payment. If you do answer, the information will help us to continue to improve services to Aboriginal, Torres Strait and Australian South Sea Islander peoples.	Questions 12 and 13 are optional and will not affect your payment. If your partner does answer, the information will help us to continue to improve services to Aboriginal, Torres Strait and Australian South Sea Islander peoples.
	Are you of Aboriginal or Torres Strait Islander origin?	Is your partner of Aboriginal or Torres Strait Islander origin?
	If you are of both Aboriginal and Torres Strait Islander origin, please tick both 'Yes' boxes.	If your partner is of both Aboriginal and Torres Strait Islander origin, please tick both 'Yes' boxes.
		No
	Yes – Aboriginal	Yes – Aboriginal
	Yes – Torres Strait Islander	Yes – Torres Strait Islander
13	Are you of Australian South Sea Islander origin?	Is your partner of Australian South Sea Islander origin?
	Νο	No
	Yes	Yes
Kes	sidence details	
14	Please read this before answering the question	Please read this before answering the question
	<b>'Permanently'</b> means you normally live in Australia on a long- term basis. Holidays or short trips outside Australia would not affect this.	<b>'Permanently'</b> means your partner normally lives in Australia on a long-term basis. Holidays or short trips outside Australia would not affect this.
	Are you living permanently in Australia?	Is your partner living <b>permanently</b> in Australia?
	No Go to next question	No Go to next question
	Yes <b>Go to 17</b>	Yes <b>Go to 17</b>
15	What country do you permanently live in?	What country does your partner permanently live in?

Your partner

	You	Your partner
16	Are you an Australian Government Sponsored Student? No Yes	Is your partner an Australian Government Sponsored Student? No Yes
17	Have you lived or travelled outside Australia since 1 September 1994, including short trips and holidays? No Go to next question Yes Give details below Passport number  Country of issue	Has your partner lived or travelled outside Australia since 1 September 1994, including short trips and holidays? No <i>Go to next question</i> Yes Give details below Passport number  Country of issue
18	Are you an Australian citizen <b>who was born in Australia</b> ? No  You will need to provide proof of your residence status, e.g. citizenship papers, passport or other documentation Go to next question	Is your partner an Australian citizen <b>who was born in Australia</b> ? No  You will need to provide proof of your partner's residence status, e.g. citizenship papers, passport or other documentation Go to next question
	Yes <b>Go to 27</b>	Yes  Go to 27
19	What is your country of birth?	What is your partner's country of birth?
20	When did you start living in Australia?	When did your partner start living in Australia?
21	Are you an Australian citizen? No Go to next question Yes Date you became an Australian citizen / / Go to 27	Is your partner an Australian citizen? No <i>Go to next question</i> Yes Date your partner became an Australian citizen / <b>Go to 27</b>
22	What is your country of citizenship? New Zealand Other Give details below	What is your partner's country of citizenship? New Zealand <i>Go to next question</i> Other <b>Give details below</b>
	► Go to 24	► Go to 24
23	Did you arrive on a New Zealand passport? No Yes	Did your partner arrive on a New Zealand passport? No Yes

	You				
24	What type of visa did you arrive on?				
	Permanent <i>Go to next question</i>				
	Temporary <i>Go to next question</i>				
	Unknown (e.g. arrived on <b>Go to 26</b> mother's/father's passport)				
25	Your visa details on arrival				
	Visa sub class	Date	e visa gr	anted	
			/	/	
26	Has your visa changed since	you arriv	ved in Au	ustralia?	
	No 🕖 Go to next question				
	Yes 📄 Current visa details				
	Visa sub class	Date	e visa gr	anted	
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Aco	count details				
		nent ma	de?		
	Where do you want your payr The bank, building society or your name. A joint account is	credit ur acceptal	nion acc ble. It ca	nnot be in	
	Where do you want your payr The bank, building society or	credit ur acceptal atory or iils to	nion acc ble. It ca trustee.	nnot be in	a chilo
	Where do you want your payr The bank, building society or your name. A joint account is name unless you are the sign I have given my account deta	credit ur acceptal atory or ills to before	nion acc ble. It ca trustee.	nnot be in	a chilo <i>iestioi</i>
Acc 27	Where do you want your payr The bank, building society or your name. A joint account is name unless you are the sign I have given my account deta the Family Assistance Office I	credit ur acceptal atory or ills to before	nion acc ble. It ca trustee.	nnot be in o <i>to next q</i> u	a chilo <i>iestioi</i>
	Where do you want your payr The bank, building society or your name. A joint account is name unless you are the sign I have given my account deta the Family Assistance Office I I am providing new account of Name of bank, building	credit ur acceptal atory or ills to before	nion acc ble. It ca trustee.	nnot be in o <i>to next q</i> u	a chilo <i>iestioi</i>
	Where do you want your payr The bank, building society or your name. A joint account is name unless you are the sign I have given my account deta the Family Assistance Office I I am providing new account of Name of bank, building society or credit union Branch where your	credit ur acceptal atory or ills to before	nion acc ble. It ca trustee.	nnot be in o <i>to next q</i> u	a chilo <i>iestioi</i>
	Where do you want your payr The bank, building society or your name. A joint account is name unless you are the sign I have given my account deta the Family Assistance Office I I am providing new account of Name of bank, building society or credit union Branch where your account is held	credit ur acceptal atory or ills to before	nion acc ble. It ca trustee.	nnot be in o <i>to next q</i> u	a chilo <i>iestioi</i>

What type of visa did your par	rtner arrive on?
Permanent	Go to next question
Temporary	Go to next question
Unknown (e.g. arrived on mother's/father's passport)	<b>G</b> o to 26
Your partner's visa details on a	arrival
Visa sub class	Date visa granted
	/ /
Has your partner's visa chang No <i>Go to next question</i> Yes Current visa details	/ /
No Go to next question	ed since they arrived in Australia? Date visa granted

Please give details of each of the children you are claiming Child Care Benefit for. You will need to provide proof of birth for any child where proof has not been provided to the Family Assistance Office, for example, Birth Certificate or extract, adoption papers or other documents issued by the government.	29 To claim Child Care Benefit for any child who is under seven years of age, you need to prove that your child's immunisation is up-to-date or that you have an approved exemption for that child. The easiest way to do this is to provide details of the current Medicare card your child is listed on. Are any of the children in this form under seven years of age?	
1 Child's family name	No <b>Go to 32</b> Yes <b>Go to next question</b>	
First given name	<b>30</b> Have you already provided your child's current Medicare details to the Family Assistance Office?	
Second given name	No Go to next question Yes <b>Go to 32</b>	
Date of birth Sex		
	<b>31</b> Can you provide details of the current Medicare card that your child is listed on, so that we can check their immunisation status?	
/ / Does this child attend school? This includes children who are on a break from school who will be attending school after that break, e.g. school holidays.	No We need you to provide your Medicare card number OR one of the documents below that confirms each child's immunisation is up-to- date, or that they have an approved exemption.	
No Yes Did this child start school during the period you are	Your child's Personal Health Record is NOT acceptable proof of Immunisation for Child Care Benefit purposes.	
claiming for?	Tick whichever applie	
No Yes Date started	My child is not yet listed on a Medicare card. I will provide the card number when it has been issued.	
2 Child's family name	An Immunisation History Statement from the Australian Childhood Immunisation Register	
	An Immunisation History form from a doctor or recognised immunisation provider	
First given name	A letter from a doctor or recognised immunisation provider	
Second given name	A Medical Contraindication form from a doctor or recognised immunisation provider	
Date of birth Sex	A Conscientious Objection form from a doctor or recognised immunisation provider	
/     /     Male     Female       When did this child enter your care?       /     /	A letter from an official of the Church of Christ, Scientist stating that you and/or your partner are practising members of this church	
Does this child attend school?	Yes Number on the current Medicare card	
This includes children who are on a break from school who will be attending school after that break, e.g. school holidays.		
No Yes	Child's Medicare reference number	
Did this child start school during the period you are claiming for?	Reference number         First given name and second initial	
No Yes Date started		
If you are claiming Child Care Benefit for more than 2 children, attach a separate sheet with details.		
מומטה ע סטימונט סווטט שונוו עבומוס.		

#### 32 Please read this before answering the question

Please read '**About the work, training or study test**' on Page 3 of the **Notes Booklet** before you complete this Question.

Were there any periods when your children attended registered care that you AND your partner did NOT satisfy the work, training or study test?

You must provide the original receipts from your registered carer with this claim to confirm how much care you have used and paid for.
care you have used and paid for.

No **Go to 34** 

Yes Go to next question

**33** Please check your receipts and write the dates for every week (Monday to Sunday) you are claiming for that you and/or your partner did NOT satisfy the work, training or study test.

Do not write the dates the actual care was provided. Only write the dates of the start (Monday) and end (Sunday) of the weeks you, or your partner, did NOT satisfy the work, training or study test.

You						
from (Monday)	to (Sunday)					
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If VOLL have more dates, attach a separate sheet with details						

If YOU have more dates, attach a separate sheet with details.

33 Continued

Your partner	
from (Monday)	to (Sunday)
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If YOUR PARTNER has more dates, attach a separate sheet with details.

#### **34** Which documents have you included with this form? *If you are unsure, check the question to see if you should attach*

the documents. You must provide original documents, for Proof of Identity, Proof of Residence and receipts for child care. Copies of all other documents requested are acceptable.

Citizen papers, passport or other documents (if you answered No at **Question 18**)

Proof of birth for any child where proof has not been provided to the Family Assistance Office (at **Questions 28**)

Provide your Medicare card number or documents that confirms each child's immunisation is up-to-date, or that they have an approved exemption (at **Question 31**)

Provide the original receipts from your registered carer (at **Question 32**)

#### 35 Statement

#### I declare that:

- the information provided in this form is complete and correct.
- I have received the **Notes Booklet** which includes the privacy notice.
- I have attached my registered child care receipts to this form.
- the payment has been made for the child care for which I am claiming Child Care Benefit.

#### I understand that:

- giving false or misleading information is a serious offence.
- the Family Assistance Office can make relevant enquiries to ensure I receive my correct entitlement.

#### Your signature

Date					
	/	/			