

INFORMATION REQUIRED FOR CHILD CARE BENEFIT

This service is required to register all children enrolled and attending care in the DEEWR Child Care Management System (CCMS). This system processes CCB claims for eligible parents/carers as well as calculating and lodging information for the payment of a Tax Rebate.

Under this system the parent/carer and child CRN (Customer Reference Number) and DOB (date of birth) are the validators to enable reduced fees to be charged. It is essential that the information below precisely matches that submitted to Centrelink. Any discrepancies will lead to the service being unable to process the CCB claim to ensure the appropriate reduction in your fees.

Where parents/carers hold separate CRN's a separate form for each parent will need to be completed. To ensure that you are able to take advantage of the reduction in fees under CCMS, please complete the information below and return to the service.

Multiple Child Percentage:	Do you have other children who will be attending an approved service other than this service? <input type="checkbox"/> Yes <input type="checkbox"/> No TOTAL Number of Children in Care (including at this service) _____
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Option 1: For more information, please go to www.familyassist.gov.au

Parent /Carer1 Full Name			
Parent/Carer1 CRN	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Parent/ Carer DOB	<input type="text"/> / <input type="text"/> / <input type="text"/>

Child 1 (Full Name):			
Child 1 CRN:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Child DOB	<input type="text"/> / <input type="text"/> / <input type="text"/>
Eligible Hours for this service: <input type="checkbox"/> 24 <input type="checkbox"/> 50 <input type="checkbox"/> Other			

Child 2 (Full Name):			
Child 2 CRN:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Child DOB	<input type="text"/> / <input type="text"/> / <input type="text"/>
Eligible Hours for this service: <input type="checkbox"/> 24 <input type="checkbox"/> 50 <input type="checkbox"/> Other			

Child 3 (Full Name):			
Child 3 CRN:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Child DOB	<input type="text"/> / <input type="text"/> / <input type="text"/>
Eligible Hours for this service: <input type="checkbox"/> 24 <input type="checkbox"/> 50 <input type="checkbox"/> Other			

Child 4 (Full Name):			
Child 4 CRN:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Child DOB	<input type="text"/> / <input type="text"/> / <input type="text"/>
Eligible Hours for this service: <input type="checkbox"/> 24 <input type="checkbox"/> 50 <input type="checkbox"/> Other			

Signature:	Date:	
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Option 2 For more information, please go to www.familyassist.gov.au

I do not wish to provide the above information. I understand that I must therefore pay full fees for care received by my child/children at this service.			
Signature:		Date:	
Office Use ONLY	Date Received	Date Entered	By Whom