

Housing Benefit and Council Tax Reduction Child Care Costs

Important Information - Please Read Carefully Before Completing This Form

You may be entitled to extra Housing Benefit and Council Tax Reduction if you and your partner are working more than 16 hours a week and pay a Registered Childminder, or other professional carer, to look after your children.

Please answer the questions on this form and send it back to us as soon as possible.

Please complete one form for each child and remember to sign this form on the back.

Section 1 - About Yourself						
Surname						
First Name						
Address						
	Destands					
	Postcode					
Name of child						
Section 2 - Child Care Prov	ider					
Please indicate the type of child care that is being provided by ticking the appropriate box below						
Registered Childminder						
Registered Nursery						
Registered Playscheme						
Out of hours club at school						
Out of hours club run by a Local Authority						
Nursery or Playscheme on Government property						
Other (Please give details)						
	1					

	Care Provi	der (cont.)							
Name of provider									
Address									
	-								
		Postcode							
Telephone number	nber								
Date child care with	this provide	r started	' /						
Section 3 - About	t Your Chi	ld Care Costs (nor	mal week)						
Please complete this	s section inc	licating the days your	child attends child	dcare during a no	rmal week				
Please complete this section indicating the days your child attends childcare during a normal week Monday Tuesday Wednesday Thursday Fric									
Hours per day	monday		Troundeday						
Charge per hour	£	£	£	£	£				
			£	£	£				
Charge for meals	£	£							
*Any other charges		£	£	£	£				
Total daily charge	£	£	£	£	£				
-									
*Please tell me what	t these char	ges cover							
	·								
	·	ges cover	ool holidays)						
Section 4 - About	Your Child			ing the school ho	lidays				
Section 4 - About	Your Child	d Care Costs (schoosection if your child ca		ing the school ho	lidays Friday				
	Your Child	d Care Costs (schoosection if your child ca	are is different duri		-				
Section 4 - About You only need to co Hours per day	Your Child	d Care Costs (schoosection if your child ca	are is different duri		-				
Section 4 - About You only need to co Hours per day Charge per hour	Your Child	section if your child ca	wednesday	Thursday	Friday				
Section 4 - About You only need to co	Your Child mplete this s Monday £	section if your child care Tuesday	Wednesday £	Thursday £	£				

Section 5 - Child Care Grant
Does your child get any form of grant towards their childcare? Yes No
If yes please specify what it is
How much do they receive £ per
Section 6 - About Your Charges
How often do you pay your child care (please tick)
Weekly 4 Weekly
Calender monthly Other Please state payment frequency
Are there any times during the year when you do not pay full fees Yes No
If yes complete the section below (please tick)
Reduced when it is a bank holiday How much do you pay £
Reduced when you take holidays from work Do you pay half fees or no fees
How many holidays do you have per year days
If the charges have changed since you last provided details, confirm the date they increased / decreased
Section 7 - Estimated Child Care Charges
If you cannot give details of all of the charges you actually pay because your child has started with a new childminder or nursery, please give us an estimated weekly / monthly amount.
Amount £ every
Section 8 - Future Payments
Are your child care payments likely to change in the future eg because your child will be turning 3 years old and you will therefore qualify for an Early Learning grant.
Yes No
If yes please give details

Section 9 - Declaration								
 I declare to the best of my knowled I understand that to give false info 	rmation	may lead to				plete.		
You may check any of the information and		J	inanaa	diatab				
 I will notify in writing any change in 	i my ch	iid care costs	immed	uatery	/.			
Signature		Date		1	1			
Section 10 - Childminders or Nursery Managers Declaration								
Please check the information given on	this for	m and compl	ete the	decla	aration b	elow.		
I certify that to the best of my knowled complete.	ge the i	nformation gi	ven on	this f	orm is co	orrect and		
Signature		Date		1	1			
Full name								
Position								
Daytime Telephone Number								
Registering Local Authority								
Local Authority Registration Number								
Thank you for your help. Please pass the form back to the person who gave it to you.								
Office use only								
Benefit Ref:								
Date of issue:								
Notes:								
		4						