

Childcare and OSCAR Subsidy Application



Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

If you need help with this form call us on ☎ **0800 559 009**.

Who can get this subsidy

If you need help filling in this form, please ask at your nearest Work and Income Service Centre.

Mehemea e hiahia me awhina a koe ki te whakaki i tenei panui, haere patai ki te poari o te Work and Income tata tonu ki a koe.

Afai e te mana'omia se fesoasoani i le faatumuina o so'o se pepa talosaga e uiga i penefiti, faamolemole faafesoota'i le ofisa o le Work and Income.

If you are in work or study, or if there are special circumstances that mean you need access to childcare, you may get:

- a Childcare Subsidy for children under 5 years, or 6 years old if they receive a Child Disability Allowance, up to 50 hours a week
- an OSCAR Subsidy for before school and after school care up to 20 hours per week during term time, and up to 50 hours during school holidays, for children aged 5–13 years, or 14–18 years if they receive the Child Disability Allowance.

If you are not in work or study you may get a Childcare Subsidy for up to nine hours a week. You can use this form for both subsidies – and you can use it to apply for a subsidy for more than one child. Your subsidy will start from the later of the:

- date of application
- date your child started attending the childcare facility.

If you have a 3 or 4 year old child, they may be able to receive up to 20 hours of free early childhood education (20 Hours ECE). This will depend on the type of childcare service your child attends and whether the centre offers free hours. For more information speak to your childcare service.

What to bring

Please ask Work and Income staff for help if:

- you do not have any of the documents we have asked for
- you think there could be a delay in providing this information
- you would like to know about extra help.

Proof of your identity history

You must provide one form of identification that proves you have been using your legal identity for at least 2 years.

Please make sure you have everything we need to grant your application, or your payments could be delayed. If there is something you don't have, please call us on

☎ **0800 559 009**.

To apply for the Childcare and OSCAR Subsidy, you must complete this application form and provide the following for you and your partner:

- Proof of your lawful residence in New Zealand (eg New Zealand birth certificate or current New Zealand passport, or other country passport with residence visa).
- One other form of identification (eg driver's licence, firearms licence or a bank card with signature). If you are unable to provide at least one form of photo identification you will need to provide one further form of identification (3 forms of identification in total).
- Full birth certificates for your children – If your children weren't born in New Zealand, we will need to see proof of their New Zealand citizenship or permanent residency.
- Proof of your work, course, study and number of hours.
- Proof of your income before tax – Payslips, business accounts or Child Support received.
- Proof of your residency status (eg visa or certificate of citizenship) if you were not born in New Zealand.

Before we can grant your subsidy

We need this information:	By this date:	Please contact:
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	

Privacy Statement

The legislation administered by the Ministry of Social Development allows us to check the information that you give us in this form.

This may happen when you apply for a benefit and at any time after that.

The Privacy Act 1993 requires us to tell you that:

- The information you give us is collected under the authority of the legislation administered by the Ministry of Social Development.
- The information will be held by the Ministry of Social Development.
- The information is collected for the purposes of the legislation administered by the Ministry of Social Development (including Work and Income, Child, Youth and Family and other service lines of the Ministry), and in particular for:
 - granting benefits and other assistance under the Social Security Act 1964
 - providing employment related services
 - statistical and research purposes
 - providing advice to Government
 - care and protection needs of children
 - providing support and services for you and your family
 - providing education related services.
- Work and Income may contact health providers to verify any health related information you give us.
- Work and Income may give employers information about you to find you employment. Where Work and Income refer you to a job vacancy, we may also contact the employer to discuss the result of any job interview that you attend.
- Work and Income may share information you have given us with childcare centres to administer your entitlement to childcare.
- Other information that you give us on your skills, aspirations, family circumstances etc, and that is not required to assess your entitlement to a benefit may be used to provide a better service to you by the Ministry of Social Development.
- The information you give us may be compared with information held by Inland Revenue, the Ministry of Justice, the Department of Corrections, the New Zealand Customs Service, the Department of Internal Affairs, the Accident Compensation Corporation, Housing New Zealand Corporation, Ministry of Health and Immigration New Zealand. It may also be compared with social security information (for example, pension or benefit information) held by other governments (including Australia and the Netherlands).
- Under the Tax Administration Act 1994, if you have dependent children, the information you give us may be shared with Inland Revenue for the purpose of administering Working for Families Tax Credits. Inland Revenue may also:
 - use the information for the purposes of child support, student loans and taxation
 - disclose it to the Department of Labour, Statistics New Zealand, the Ministry of Justice, the Accident Compensation Corporation, and the Ministry of Education
 - disclose your personal information to your partner.
- Under the Privacy Act 1993 you have the right to ask to see all information we hold about you, and to ask us to correct that information.
- You are not required to give us information, but if you do not give us all the information we ask for, your application for benefits may be declined.

Obligations

Work situation changes include starting part-time, casual or full-time work, whether paid or unpaid.

Changes in your living situation include:

- starting or ending a *de facto* relationship with someone of the same or opposite sex
- change in the number of children supported
- change in accommodation costs
- marriage or separation
- entering or ending a civil union.

I must tell Work and Income immediately if I:

- have a change in work situation
- become self employed / start to run a business
- have changes to my income or financial circumstances
- intend to travel overseas
- start / finish part-time or full-time study
- have changes to personal details (such as name, address or bank account details)
- have changes to my living situation
- am imprisoned / held in custody on remand
- am admitted to or discharged from hospital
- have been granted an overseas pension
- have any other changes that may affect my benefit entitlement or rate.

Important

I understand that:

- if I have made a false statement **or**
- if I have failed to answer all the questions in full **or**
- if I do not tell Work and Income about changes in my life that might affect my entitlement or rate **then**
- my benefit may be reviewed and cancelled **and**
- I may have to pay back the total amount of any overpayment that I have received **and**
- Work and Income may impose a penalty (up to three times the value of the overpayment) **or**
- I may be prosecuted and fined or imprisoned.

Additional information

Information required by

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Day Month Year

Contact name

Your client number is:

<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"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

<input type="text"/>
<input type="text"/>
<input type="text"/>

Childcare and OSCAR Subsidy Application – Part A



Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

CLIENT NUMBER

--	--	--	--	--	--	--	--	--	--

Before you start

Please check that you have all relevant “What to bring” items on the front of this form.

Please complete all questions – if not applicable write N/A.

Name

1. What is your name?

First name(s)

Surname or family name

Q2 note: Give any other names that you use now or have used in the past (including your maiden name).

2. Are you known by or have you used any other names?

No Yes ▶ Please give details below:

1.
2.

3. Are you: Male Female

Q4 note: Please tick one box to show the title you want to be known by.

4. What do you want to be called?

Mrs Miss Ms Mr No title Other

Address

Q5 note: Please give your house number, street, suburb, and town or city.

A house number could include:

- street number
- fire
- RAPID
- emergency services.

Q6 note: A mailing address could include:

- street address
- postal box (PO Box)
- rural delivery details
- C/O address.

5. Where do you live?

Flat/house no. Street name

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Suburb City

<input type="text"/>	<input type="text"/>
----------------------	----------------------

6. What is your mailing address (if different from above)?

If you live at a rural address please include your rural delivery details here:

<input type="text"/>
<input type="text"/>

7. How can we contact you?

Work phone Home phone Mobile phone

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Email Fax

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Birth date

8. What is your date of birth?
Day Month Year

Tax number

9. What is your Inland Revenue tax number?

Ethnic group

Q10 note: You don't have to answer this question if you don't want to.

This information is for statistics and will be used for research and future development work.

10. What ethnic group do you belong to?

- New Zealand Māori ▶ Which tribe(s)/iwi?
- New Zealand European Niuean Samoan Indian
- Other European Tokelauan Tongan Chinese
- Cook Island Māori Other ▶ Please specify below:

Residency

Q11 note: Please provide a copy of your visa or certificate of citizenship.

11. Are you a New Zealander?

- Yes ▶ I was born in New Zealand ▶ Go to Question 16
- ▶ I am a New Zealand citizen ▶ Go to Question 12
- ▶ I am a permanent resident ▶ Go to Question 12
- No ▶ Go to Question 12

12. Where were you born?

13. When did you arrive in New Zealand?

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

14. What is your residency status? (eg citizen, refugee, visitor)

15. Is New Zealand where you usually live?

- Yes No ▶ Where do you usually live?

Work details

16. Are you currently working?

- No ▶ Go to Question 20
- Yes ▶ Please provide your employer's details below:

Employer's name

Business site address

Work phone

Fax

17. How many hours a week, including lunch hours, do you spend at work?

18. How many hours a week do you spend travelling from the centre to work and returning?

19. What is your gross weekly wage?

\$

Activity details

20. Are you doing activities arranged for you by Work and Income?

No ▶ Go to Question 24 Yes

21. What type of activities are you doing?

22. How many hours a week do you spend at that activity?

23. How many hours a week do you spend travelling from the centre to your activity and returning?

Education

24. Are you on a work-related course or studying?

Yes No ▶ Go to Question 33

25. Which organisation provides the course?

26. What is the name of your course?

27. Is the course NZQA accredited?

No Yes

28. When does the course start?

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

29. When does the course finish?

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

30. How many hours a week do you spend at your course?

31. How many hours a week do you spend on other study?

32. How many hours a week do you spend travelling from the centre to your course and returning?

Trainer's statement

This information is required under section 12 of the Social Security Act 1964.

Official Training Provider's stamp

I confirm that the above course details are true and complete.

Trainer's name

Organisation

Organisation address

Work phone

Fax

Trainer's signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

About your children

Q33 note: Children that you support are any children that you financially support and are living with you as a member of your family, including:

- stepchildren
- children at boarding school
- adopted children
- grandchildren
- mokopuna.

If you are caring for a child who is not your own you may be able to get other forms of assistance. Please ask us about this.

Q35 note: The Childcare Subsidy is for children aged under 5 years (or under 6 years if they get the Child Disability Allowance).

Q36 note: The OSCAR Subsidy is for school children aged 5–13 years (or 14–18 years if they get the Child Disability Allowance).

If your child is attending more than one OSCAR School Holiday Programme, you will need to complete the OSCAR Subsidy-Additional School Holiday programme form.

Q37 note: "Other reasons" include that you or your partner:

- are temporarily unable to continue employment because of illness or injury
- are attending an approved rehabilitation programme
- are a seriously disabled or ill caregiver
- have another child in hospital
- other reason.

33. Do you have any child(ren) that you support?

No ▶ Go to Question 38 Yes ▶ Please provide details below:

Child's full name	Date of birth
1	/ /

Relationship to you

Child's full name	Date of birth
2	/ /

Relationship to you

Child's full name	Date of birth
3	/ /

Relationship to you

34. Please complete the following if this child receives 20 Hours ECE hours:

<input type="text"/>	Hours of 20 Hours ECE received (weekly total)	Date 20 Hours ECE started (if within the last 52 weeks)	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Day	Month	Year

35. Do you want to apply for the Childcare Subsidy?

No Yes ▶ Please provide details below:

Child's full name	Date of birth
1	/ /

Relationship to you

Child's full name	Date of birth
2	/ /

Relationship to you

Child's full name	Date of birth
3	/ /

Relationship to you

36. Do you want to apply for the OSCAR Subsidy for before and after school care and/or school holiday programmes?

No Yes ▶ Please provide details below:

Child's full name	Name of the centre they go to
1	
2	
3	

37. Do you require early childhood education care for your child(ren) for a reason other than you or your partner working, studying, or doing activities arranged by Work and Income?

No Yes ▶ Please provide details below:

Income details

Q38 note: Examples of income include:

- wages or salary
- accident compensation
- farm or business income
- self employment
- interest from savings or investments
- dividends from shares
- pensions
- redundancy or termination type payments
- Child Support
- overseas pensions
- board or rent
- Student Allowance or Scholarship
- any other income, eg family trusts.

Give gross (before tax) amount.

38. Do you or your partner (if you have one) receive a weekly income?

No Yes ▶ Please provide details below:

Income source (list jobs and other sources of income)	Your income gross \$ a week BEFORE TAX	Your partner's income gross \$ a week BEFORE TAX
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Totals	\$	\$
Total combined income	\$	

If you are self-employed, please provide your full set of business accounts for the last 12 months. If you income changed over the year, please provide your income details for the last 26 weeks.

Partner

Q39 note: A partner is your spouse (husband or wife), your civil union partner, or a person of the same or opposite sex with whom you have a de facto relationship.

39. Do you have a partner?

No ▶ Are you: Single Living apart/ separated Divorced
 Widowed Civil union dissolved

Yes ▶ Are you: Married In a civil union In a relationship

Partner's Details



Work and Income
Te Hirainga Tangata

A service of the Ministry of Social Development

PARTNER CLIENT NUMBER

Before you start

Please check that you have all relevant "What to bring" items on the front of this form.

Please complete all questions – if not applicable write N/A.

Name

1. What is your name?

First name(s)

Surname or family name

Q2 note: Give any other names that you use now or have used in the past (including your maiden name).

2. Are you known by or have you used any other names?

No Yes ▶ Please give details below:

1.
2.

3. Are you: Male Female

Q4 note: Please tick one box to show the title you want to be known by.

4. What do you want to be called?

Mrs Miss Ms Mr No title Other

Address

Q5 note: Please give your house number, street, suburb, and town or city.

A house number could include:

- street number
- fire
- RAPID
- emergency services.

Q6 note: A mailing address could include:

- street address
- postal box (PO Box)
- rural delivery details
- C/O address.

5. Where do you live?

Flat/house no. Street name

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Suburb City

<input type="text"/>	<input type="text"/>
----------------------	----------------------

6. What is your mailing address (if different from above)?

If you live at a rural address please include your rural delivery details here:

7. How can we contact you?

Work phone Home phone Mobile phone

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Email Fax

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Birth date

8. What is your date of birth?

Day Month Year

Tax number

9. What is your Inland Revenue tax number?

Ethnic group

Q10 note: You don't have to answer this question if you don't want to.

This information is for statistics and will be used for research and future development work.

10. What ethnic group do you belong to?

- New Zealand Māori ▶ Which tribe(s)/iwi?
- New Zealand European Niuean Samoan Indian
- Other European Tokelauan Tongan Chinese
- Cook Island Māori Other ▶ Please specify below:

Residency

Q11 note: Please provide a copy of your visa or certificate of citizenship.

11. Are you a New Zealander?

- Yes ▶ I was born in New Zealand ▶ Go to Question 16
- ▶ I am a New Zealand citizen ▶ Go to Question 16
- ▶ I am a permanent resident ▶ Go to Question 16
- No ▶ Go to Question 12

12. Where were you born?

13. When did you arrive in New Zealand?

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

14. What is your residency status? (eg citizen, refugee, visitor)

Q15 note: "Usually" means that you consider New Zealand your home, you are a legal resident, normally live and intend to stay permanently in New Zealand.

15. Is New Zealand where you usually live?

- Yes No ▶ Where do you usually live?

Work details

16. Are you currently working?

- No ▶ Go to Question 20
- Yes ▶ Please provide your employer's details below:

Employer's name

Business site address

Work phone

Fax

17. How many hours a week, including lunch hours, do you spend at work?

18. How many hours a week do you spend travelling from the centre to work and returning?

19. What is your gross weekly wage?

\$

Activity details

20. Are you doing activities arranged for you by Work and Income?

No ▶ Go to Question 24 Yes

21. What type of activities are you doing?

22. How many hours a week do you spend at that activity?

23. How many hours a week do you spend travelling from the centre to your activity and returning?

Education

24. Are you on a work-related course or studying?

Yes No ▶ Go to Your Obligations on page 11.

25. Which organisation provides the course?

26. What is the name of your course?

27. Is the course NZQA accredited?

No Yes

28. When does the course start?

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

29. When does the course finish?

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

30. How many hours a week do you spend at your course?

31. How many hours a week do you spend on other study?

32. How many hours a week do you spend travelling from the centre to your course and returning?

Trainer's statement

This information is required under section 12 of the Social Security Act 1964.

Official Training Provider's stamp

I confirm that the above course details are true and complete.

Trainer's name

Organisation

Organisation address

Work phone

Fax

Trainer's signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

Obligations

Work situation changes include starting part-time, casual or full-time work, whether paid or unpaid.

Changes in your living situation include:

- starting or ending a de facto relationship with someone of the same or opposite sex
- change in the number of children supported
- change in accommodation costs
- marriage or separation
- entering or ending a civil union.

I must tell Work and Income immediately if either my partner or myself:

- have a change in work situation
- become self employed / start to run a business
- have changes to my income or financial circumstances
- intend to travel overseas
- start / finish part-time or full-time study
- have changes to personal details (such as name, address or bank account details)
- have changes to my living situation
- am imprisoned / held in custody on remand
- am admitted to or discharged from hospital
- have been granted an overseas pension
- have any other changes that may affect my benefit entitlement or rate.

I agree that:

- I have completed all the questions in this Childcare and OSCAR Subsidy Application (or this form has been completed for me), and the information I have given is true and complete.
- The conditions for receiving this subsidy have been explained to me and I understand these conditions and my obligations.
- I am aware of and understand the Privacy Act statement contained in this form.

Client's name (print)

Client's signature

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

Partner's name (print)

Partner's signature

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

Part B – Childcare Service Supervisor To Complete

Information for the childcare service

For more information, please read our brochure "Do you provide childcare or OSCAR services?".

This form needs to be completed by the childcare service supervisor. The information you provide will help us to assess if the applicant is eligible for the Childcare Subsidy.

Childcare services include:

- family daycare centres
- home-based childcare services
- Te Kohanga Reo.

Childcare services also include some fee paying:

- kindergartens
- playcentres.

Childcare service details

1. What is the name of your childcare service?

2. How can we contact you?

Work phone	Home phone	Mobile phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	Fax	
<input type="text"/>	<input type="text"/>	

3. Is your centre licensed or chartered by the Ministry of Education?

- Yes ▶ You may be asked to provide proof.
- No ▶ Please call ☎ 0800 559 009 and ask for your local Childcare Coordinator.

4. What is your Work and Income childcare service number?

5. Does your childcare service offer 20 Hours ECE?

- Yes No

6. Please provide details of childcare provided.

Child's full name

Hours of care (weekly total)	Hours of 20 Hours ECE received (weekly total)	Date they started care	Your hourly fee (before subsidy)	Total weekly fee (before subsidy)
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> \$	<input type="text"/> \$

Child's full name

Hours of care (weekly total)	Hours of 20 Hours ECE received (weekly total)	Date they started care	Your hourly fee (before subsidy)	Total weekly fee (before subsidy)
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> \$	<input type="text"/> \$

Child's full name

Hours of care (weekly total)	Hours of 20 Hours ECE received (weekly total)	Date they started care	Your hourly fee (before subsidy)	Total weekly fee (before subsidy)
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> \$	<input type="text"/> \$

Child's full name

Hours of care (weekly total)	Hours of 20 Hours ECE received (weekly total)	Date they started care	Your hourly fee (before subsidy)	Total weekly fee (before subsidy)
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> \$	<input type="text"/> \$

Note: If you offer 20 Hours ECE you can't charge a fee for those hours. The Childcare Subsidy cannot be used to cover any donations or optional charges that may be asked.

7. If your centre closes, what dates are you closed for?

End of Term 1	Closed from:	<input type="text"/> Day	<input type="text"/> Month	<input type="text"/> Year	Reopens:	<input type="text"/> Day	<input type="text"/> Month	<input type="text"/> Year
End of Term 2	Closed from:	<input type="text"/> Day	<input type="text"/> Month	<input type="text"/> Year	Reopens:	<input type="text"/> Day	<input type="text"/> Month	<input type="text"/> Year
End of Term 3	Closed from:	<input type="text"/> Day	<input type="text"/> Month	<input type="text"/> Year	Reopens:	<input type="text"/> Day	<input type="text"/> Month	<input type="text"/> Year
Christmas holidays	Closed from:	<input type="text"/> Day	<input type="text"/> Month	<input type="text"/> Year	Reopens:	<input type="text"/> Day	<input type="text"/> Month	<input type="text"/> Year
Other holidays	Closed from:	<input type="text"/> Day	<input type="text"/> Month	<input type="text"/> Year	Reopens:	<input type="text"/> Day	<input type="text"/> Month	<input type="text"/> Year

Supervisor's statement

The statements and answers I have given are true and complete.

This information is required under section 12 of the Social Security Act 1964.

Supervisor's name (print)

Supervisor's signature

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

Part C – OSCAR Programme Supervisor To Complete



Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

CLIENT NUMBER ||

Information for the OSCAR programme service

For more information, please read our brochure "Do you provide childcare or OSCAR services?".

This form needs to be completed by the OSCAR programme supervisor. The information you provide will help us to assess if the applicant is eligible for the OSCAR Subsidy.

OSCAR programmes are for children under 14 years of age (or 14–18 years of age if they receive the Child Disability Allowance) and include:

- before and after school care
- school holiday programmes.

1. Which terms and holiday programmes are you applying for?

<input type="checkbox"/> Term 1	<input type="checkbox"/> Term 2	<input type="checkbox"/> Term 3	<input type="checkbox"/> Term 4
<input type="checkbox"/> Holiday Programme	<input type="checkbox"/> Holiday Programme	<input type="checkbox"/> Holiday Programme	<input type="checkbox"/> Holiday Programme

2. What is the programme name?

3. How can we contact you?

Work phone	Home phone	Mobile phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	Fax	
<input type="text"/>	<input type="text"/>	

4. Is your programme approved by Child, Youth and Family?

Yes ▶ Please attach a copy of your Child, Youth and Family approval (if you haven't already provided).

No ▶ Please call ☎ 0800 559 009 and ask for your local Childcare Coordinator.

5. What is your Work and Income OSCAR provider number?

||

6. Please provide details of OSCAR care provided.

Child's full name

Hours of care (weekly total)	Date they started care	Date they ended care	Your hourly fee (before subsidy)	Total weekly fee (before subsidy)
	/ /	/ /	\$	\$

Child's full name

Hours of care (weekly total)	Date they started care	Date they ended care	Your hourly fee (before subsidy)	Total weekly fee (before subsidy)
	/ /	/ /	\$	\$

Child's full name

Hours of care (weekly total)	Date they started care	Date they ended care	Your hourly fee (before subsidy)	Total weekly fee (before subsidy)
	/ /	/ /	\$	\$

7. If the care is for school holidays, is the parent paying in advance?

No

Yes

▶ Part payment in advance:

\$

Supervisor's statement

The statements and answers I have given are true and complete.

This information is required under section 12 of the Social Security Act 1964.

Supervisor's name (print)

Supervisor's signature

Day	Month	Year

OFFICE USE ONLY

Checklist

Application entered into UCVII

Payments

Processing officer to complete. Note if the centre's fee is less than the subsidy rate, just pay the centre fee.

Child's full name	Weekly subsidy	Start date	End date
Grant Childcare Subsidy – before and after school			
	\$	/ /	/ /
	\$	/ /	/ /
	\$	/ /	/ /
	\$	/ /	/ /
	\$	/ /	/ /
Grant OSCAR Subsidy – out of school			
	\$	/ /	/ /
	\$	/ /	/ /
	\$	/ /	/ /
	\$	/ /	/ /
	\$	/ /	/ /
Grant OSCAR Subsidy – school holidays			
	\$	/ /	/ /
	\$	/ /	/ /
	\$	/ /	/ /
	\$	/ /	/ /
	\$	/ /	/ /

Decision

Granted **Declined**

Comments

Processor's signature

Authenticator's signature

Day	Month	Year