

# Childcare Subsidy verification form



MINISTRY OF SOCIAL  
DEVELOPMENT  
TE MANATŪ WHAKAHIATO ORA

**This form needs to be completed by the childcare service supervisor.**

The information you provide helps us determine if the applicant is eligible for the Childcare Subsidy. The information is also required under section 298 of the Social Security Act 2018.

For more information about providing childcare services go to [workandincome.govt.nz/providers/childcare-assistance](https://workandincome.govt.nz/providers/childcare-assistance)

## Client details

Client number

First and middle names

Surname or family name

Client's date of birth

## Childcare service details

1

**What is the name of your childcare service programme?**

2

**What is your Work and Income childcare service provider number?**

3

**What are your organisation's contact details?**

Work phone	( )
Mobile phone	( )
Email	

### INFORMATION FOR Q4:

If you offer 20 Hours ECE you can't charge a fee for those hours unless you're a home-based educator and charge a top-up fee.

4

**Does your childcare service offer 20 Hours ECE?**

☐ No ☐ Yes

5

**Do you charge a holding or absence fee?**

☐ No ☐ Yes

6

**Please provide details of the care for each child.**

Child 1 Full name

Care start date	20 Hours ECE start date (if applicable)	Top-up fee start date (if applicable)
Day Month Year	Day Month Year	Day Month Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Enrolment times	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Enrolled hours							
ECE hours used (if applicable)							

Type of childcare	Childcare provider	Home-based
Total hours each week		
ECE top-up fee charged to caregiver per hour		\$
Total weekly fee charged to caregiver (don't include ECE)	\$	\$

### HOW TO ANSWER Q6:

Please tell us your fee **after** you've applied any discount but **before** any Work and Income subsidy is applied. The Childcare Subsidy can't be used for donations or optional charges, but can be used for the top-up fee.

### INFORMATION FOR Q6:

Where we say ECE in this question we mean 20 Hours ECE.

**Child 2** Full name

Care start date			20 Hours ECE start date (if applicable)			Top-up fee start date (if applicable)		
Day	Month	Year	Day	Month	Year	Day	Month	Year
<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"/>

Enrolment times	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Enrolled hours	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ECE hours used (if applicable)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Type of childcare	Childcare provider	Home-based
Total hours each week	<input type="text"/>	<input type="text"/>
ECE top-up fee charged to caregiver per hour	<input type="text"/>	\$ <input type="text"/>
Total weekly fee charged to caregiver (don't include ECE)	\$ <input type="text"/>	\$ <input type="text"/>

**Child 3** Full name

Care start date			20 Hours ECE start date (if applicable)			Top-up fee start date (if applicable)		
Day	Month	Year	Day	Month	Year	Day	Month	Year
<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"/>

Enrolment times	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Enrolled hours	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ECE hours used (if applicable)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Type of childcare	Childcare provider	Home-based
Total hours each week	<input type="text"/>	<input type="text"/>
ECE top-up fee charged to caregiver per hour	<input type="text"/>	\$ <input type="text"/>
Total weekly fee charged to caregiver (don't include ECE)	\$ <input type="text"/>	\$ <input type="text"/>

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**Write any comments here**

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

## Supervisor's statement

- The information I have provided is true and complete.
- I have authority to complete this form for my organisation.

Supervisor's name (print)	Supervisor's signature	Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>