



Date of receipt

Housing benefit & Council tax support - Child care costs declaration

Please use this form to tell us about the child care you purchase

- Complete "Section 1", then
ask your child care provider to complete "Section 2", then
once they have done this they should return the form to you to complete "Section 3"
once you have checked and signed the form, you need to return the form to us.

PLEASE NOTE: If you use more than one child care provider you will need to complete a separate form for each, this includes summer holiday clubs and before and after school clubs.

Section 1

Your details

Benefit Ref no. if known

Your full name

National Insurance no.

Telephone no.

Your address

Post code

Section 1b

Children, payments and funding

Please tell us about the childcare you purchase for each child.

If you have more than 3 children to tell us about please continue on a second form.

Table with 3 columns: Child 1, Child 2, Child 3. Rows include: Child's first name, Child's last name, Cost during term time (with £ symbol), Number of weeks care you purchase during term time (with weeks label), Cost during holidays (if different) (with £ symbol), Number of weeks care you charged for during holidays (with weeks label).

Tell us the amount YOU PAY, NOT the total cost of the care, DO NOT include the value of any help with funding you receive e.g. early start vouchers.

How often do you pay this? Weekly [checkbox] Monthly [checkbox] (repeated for Child 1, 2, 3)

When did this child care start? [/ /] [/ /] [/ /]

Is the amount YOU PAY for child care changing in the next 52 weeks? e.g. you qualify for funding

From: [/ /] [/ /] [/ /]

Why is the amount changing?

Section 2**About your child care (to be completed by the child care provider)**

Once you have completed this part of the form please return it to the person named in "Section 1"

Provider name	<input type="text"/>		
Provider address	<input type="text"/>		
		Post code	<input type="text"/>
Address where care is provided (if different)	<input type="text"/>		
		Post code	<input type="text"/>
Telephone no.	<input type="text"/>	Certificate reg no.	<input type="text"/>

Please complete for the children listed in "Section 1b"

	Child 1	Child 2	Child 3
Weekly charge - term time :	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Weekly charge - holidays :	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
What date did the current placement begin?	<input type="text"/>	<input type="text"/>	<input type="text"/>
What date is the current placement due to end? (if known)	<input type="text"/>	<input type="text"/>	<input type="text"/>

If there is a planned change in the cost of child care provision, e.g. annual increase please tell us below:

New weekly charge:	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
From:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 2b**Child care provider declaration and signature**

I the undersigned hereby declare that the information I have provided about the charges for child care on this form are correct to the best of my knowledge and belief.

Provider Signature:	Date:	Business stamp (if available)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 3**Customer declaration and signature**

I the undersigned hereby declare that the information I have given on this form is correct to the best of my knowledge and belief and the child care charges shown on this form have been paid.

If I provide information which is incorrect or incomplete, then action including prosecution maybe taken against me.

You MUST notify us immediately if the amount YOU PAY for child care changes, e.g. your child qualifies for an early learning grant, you reduce the number of hours/day you purchase etc.

Signature:	Date:
<input type="text"/>	<input type="text"/>

Return to: Shropshire Council, Revenues and Benefits, PO BOX 4749, Shrewsbury SY1 9GH