Housing Benefit and Council Tax Support

Childcare costs form



This form is to be used if your child (or children) are looked after by a registered childminder or attend an approved playgroup, nursery or after-school club. This extra help is available to families paying childcare for children until the first Monday in September following their 15th birthday, or 16th birthday if the child is disabled.

We can disregard up to £175 for one child, or up to £300 for two or more children, from your weekly income. You qualify if:

- You are a couple and both work at least 16 hours each week; or
- You are a couple and one of you works at least 16 hours each week and the other is incapacitated, in hospital, in prison or aged 80 or over; or
- You are a lone parent working at least 16 hours each week.

This disregard of your childcare costs does mean that you will get a higher rate of housing benefit and council tax support. If the amount you pay changes so will your benefit. You must tell us if this happens to avoid being overpaid.



Section 1 - To	be filled in by the claimant
First name	
Last name	
Address	
Postcode	
1 00.0000	
Contact number	
Please tick the type	e of childcare that applies to you
Registered childr	minder caring for your child in your home or their home
Registered nurse	ry care for your child on nursery premises
Registered plays	
inursery or playso	cheme on government property
Out of hours club	run by a local authority
Out of hours club	at school
Other (please sp	ecify)
Name and address	
where care is provi	ded
Phone number of p	remises

Section 2 - Please fill in the following for each child that you pay childcare for: First child Child's full name Childcare provider's full name Childcare provider's address Childcare provider's contact number Registration number Weekly charge (term time) £ Weekly charge (holidays) 3 Number of weeks at school holiday rate Date you started paying childcare costs / / Are there any times during the year that you do not pay for childcare Date of last increase or decrease of rates Weekly charge before rates changed £ Childcare provider's declaration: I declare that the information on this form is correct and complete. I understand that it is an offence to give false information to obtain benefit and to enable another person to obtain benefit. Name Signed **Date** Official business stamp (if available)

Second child						
Child's full name						
Childcare provider's full nam	e					
Childcare provider's address						
Childcare provider's contact	number					
Registration number						
Weekly charge (term time)	£	Weekly	charge (holidays	s)	£	
Number of weeks at school h	oliday rate					
Date you started paying child	care costs	/	/			
Are there any times during th that you do not pay for childe	•					
Date of last increase or decre	ease of rates	/	1			
Weekly charge before rates c	hanged	£				
Childcare provider's declarat I declare that the information on to give false information to obtai	this form is co	·				ence
Name						
Signed		Date	/	/		
Official business stamp (if av	ailable)					
Section 3 - Declaration o	f claiment					
I declare that the information on to give false information to obtai						ence
Signed		Date	/	/		