Child care costs

Please complete section 1 of this form and pass to your child care provider to complete section 2. Once your child care provider has completed section 2 they should return it to you so that you can sign the declaration in section 3 and return the form to us. The address that you need to return it to is shown on the bottom of this form.

If you have any questions about this form please telephone 01983 823950



Applicant's name:			
Address:			
Claim reference numbe	er (if known):		
o you receive funding blease indicate with a to		of any of the children included on this	s form?
"Yes" please give deta	ils:		
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	npleted by child care provide		
	npleted by child care provide	·)	
Provider's name:	npleted by child care provide	•)	
Provider's name:	npleted by child care provide		
Provider's name:	npleted by child care provide		
Provider's name: Address:	npleted by child care provide		
Provider's name: Address: Telephone number:			
Provider's name: Address: Telephone number: Certificate registration		Weekly amount cha	rged
Provider's name: Address: Telephone number: Certificate registration	number:		rged
Provider's name: Address: Telephone number: Certificate registration Name	number:	Weekly amount cha	rged
Provider's name: Address: Telephone number: Certificate registration Name	number:	Weekly amount cha	rged

Please use black ink to complete this form

If you are having any problems completing this form you can contact us on 01983 823950

Are you aware of any changes to the amounts stated in the future?				
Yes No If "Yes" please give details:				
Do the amounts that you charge differ during the school holidays?				
Yes No If "Yes" please give details:				
I declare that the information given about child care charges on this form is correct and complete to the best of my knowledge and belief.				
Signature/Stamp of child care provider				
Date				
Section 3 (To be completed by the applicant)				
I declare that the information given on this form is correct to the best of my knowledge and belief and I have paid the child care charges shown on this form I understand that if I give information that is incorrect or incomplete you may ta This may include court action.				
Signed D.	ate			

Please post to Revenues and Benefits Services, PO Box 238, Newport, Isle of Wight, PO30 9FP.

Alternatively, once completed by the appropriate person, the form may be scanned and emailed to housing.benefit@iow.gov.uk or visit one of the help centres at Ryde Library or Newport County Hall – details of the opening hours can be found on our website.

For further information on Housing Benefit or Local Council Tax Support, please visit www.iwight.com

