

My Place Family Day Care



Gap Fee Declaration for My Place Family Day Care Parent/Guardian

- The declaration must be completed by any Parent/Guardian, who has entered an enrolment with My Place Family Day Care (Approved Provider Inala Community House).
- The form is designed to support Approved Provider – Inala Community House to ensure that all Parents/Guardians engaged with the service, understand their requirements in full and are complying with Family Assistance Legislation.
- Completed forms will be retained and stored by the approved provider to support the overseeing of Family Assistance Legislation.
- As of 1 July 2023, it is legislation, and the Service is required to audit the process between Educator/Parent to ensure the requirement is being met.

Part A: Personal details Parent/Guardian receiving CCS

1. As of 1 July 2023, are you aware that the making of these payments must be through electronic funds transfer? E.g. Bank /credit card, direct deposit or bank transfer, online payment system, Bpay
 Yes No

2. Please complete the following:

First Name _____ Last Name _____

Date of Birth _____ Mobile Number _____

Email _____

Address _____

Suburb _____ State _____ Postcode _____

3. Are you currently receiving Child Care Subsidy payments for Education and Care services?

Yes No

• If No, are you currently in care receiving ACCS? Yes No

• If No, are you currently in care receiving NO Child Care Subsidy? Yes No

• If No, have you lodged a CCS claim? Yes No

Part B: Declaration

I, _____ (insert full name) declare that:

1, the information provided on this form is true, complete and correct

2, the approved provider or a representative of the approved provider is authorised to verify any information provided in this form

3, I am aware that under Family Assistance Legislation penalties apply if false or misleading information is provided.

Signature of person making declaration: _____

Date: _____