

Child Care Benefit Claim Form

Applicant Information

Full Name:

Date of Birth:

Address:

Phone Number:

Email Address:

Child Information

Child's Full Name:

Child's Date of Birth:

Benefit Claim Details

Name of Child Care Provider:

Period of Care (from - to):

Amount Claimed:

☐ I declare that the information provided is true and complete to the best of my knowledge.

Submit Claim