

# 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**