

HOUSING BENEFITS CHILDCARE COSTS APPLICATION FORM

Claim reference: _____

Claimant name: _____

Claimant Address: _____

This form should be completed and signed by your childcare provider and returned by email to Housing.Benefits@Wolverhampton.gov.uk or by post to Revenues and Benefits Service, PO BOX 250, Wolverhampton, WV2 1AX

(If costs are for more than 2 children please provide details on a separate sheet)

Child One: Name _____

Type of childcare being provided	TICK
Registered childminder	<input type="checkbox"/>
Registered nursery	<input type="checkbox"/>
Registered play scheme	<input type="checkbox"/>
Out-of-school-hours scheme provided by a school on school premises or by a Local Authority	<input type="checkbox"/>
Scheme run by a school, Local Authority or establishment, which is exempt from registration	<input type="checkbox"/>
Other, please give details	

The address where the childcare is provided:

What date did they start attending the above?	
How much do you charge?	
Is the above figure paid weekly or monthly? If neither please give details.	
Are there weeks when no payment is required? If so give exact dates.	
Do you charge different rates in school holidays? If so give details	
Full name, telephone number and position of childcare provider	
Signature of childcare provider (Digital accepted)	

Local Authority/OFSTED registration number	
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Child Two: Name _____

Type of childcare being provided	TICK
Registered childminder	
Registered nursery	
Registered play scheme	
Out-of-school-hours scheme provided by a school on school premises or by a Local Authority	
Scheme run by a school, Local Authority or establishment, which is exempt from registration	
Other, please give details	

The address where the childcare is provided:
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What date did they start attending the above?	
How much do you charge?	
Is the above figure paid weekly or monthly? If neither please give details.	
Are there weeks when no payment is required? If so give exact dates.	
Do you charge different rates in school holidays? If so give details	
Full name, telephone number and position of childcare provider	
Signature of childcare provider (Digital accepted)	

Local Authority/OFSTED registration number

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I understand if I give information that is incorrect or incomplete, you may take action against me. This may include court action. I understand if I do not let the Council know immediately if any of the details declared above change, you may take action against me. This may include court action.

Signature _____ Date _____

For office use only:

Convert all figures to weekly.

1. Weekly fee paid:
Multiply by
Number of weeks :

=

2. Holiday/retainer weekly fee paid:
Multiply by
Number of weeks :

=.....

3. Total fees amount (1+2):
Divide by
52 weeks

=.....

Figure 3 will be your disregard amount s subject to the maximum allowances

