

PLEASE READ CAREFULLY

The Community Childcare Subvention Plus (CCSP) programme provides support for parents on a low income to avail of reduced childcare costs at participating privately owned childcare services and at community not-for-profit childcare services. The Department of Children and Youth Affairs (DCYA) pays a portion of the childcare costs for eligible children with the parent paying the remainder. The eligibility of the parent is determined by their status with the Department of Social Protection (DSP) and parents can establish the criteria for eligibility on the affordable childcare website affordablechildcare.ie or their local childcare service. Please read the DCYA Letter to Parents, which your childcare service provider should have provided to you.

If you are enrolling your child in the CCSP Programme for the programme year 2017/ 2018 and where both parents/guardians **are in receipt of qualifying payments** at the time of your child's childcare start date, **the parent in receipt of the greater qualifying payment should complete this form and attach the CCS eligibility documentation** (e.g. receipt of DSP payment for the correct timeframe and/or copy of medical card). You should then return the form to the childcare service provider.

- The childcare service provider will submit the information provided on this document on the online Programmes Implementation Platform (PIP) to verify the amount of CCS funding to be paid to the service for your child/ren.
- **Once the information is submitted on the PIP system, you will be required to sign a PIP Parental Declaration Form.** The childcare service Provider will then destroy this document, for data protection purposes.

Please note: Verification of CCS Funding will not be confirmed immediately. While your registration is being verified, your service may charge the full childcare rate. They will be obliged to repay to you the balance of any subvention owed from the childcare start date (21st August 2017 onwards only). Note: Any subvention provided to you by the service before this is at their discretion.

Parent Name _____

Parent Date of Birth _____

BLOCK LETTERS

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

PPS No.

| Figures | | | | | | Letter(s) | |
|---------|--|--|--|--|--|-----------|--|
| | | | | | | | |

Name of Childcare facility attended: _____

I state that I am a parent/legal guardian of the following child/ren who attend this childcare facility under the CCSP Programme:

| Child's Full Name (BLOCK LETTERS) | Child PPS Number | D.O.B (dd/mm/yyyy) | Sex (M/F) | | | | | | | | | |
|--------------------------------------|------------------|-----------------------|--------------|----------------------|--------------------|-------------------------|----------------------------|-------|---|-------|---|-------|
| | | | | Childcare Start Date | Childcare End Date | Full Day (5 hours +) | Part-time (3:31-5hours) | | Sessional (2hours16mins - 3hours30mins) | | Half session (1hour- 2 hours15mins) | |
| | | | | | | No. of days | No. of days | am/pm | No. of days | am/pm | No. of days | am/pm |
| 1 | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | |

If you were in receipt of one of the following during the child's start week, please tick the relevant box:-
 Maternity Benefit Springboard Course National Internship Programme ETB/Solas Training Allowance 1 month prior to or during child's start week and in receipt of CCS qualifying payment immediately prior
 Secondary School Student Tusla Referral PHN Referral TUSLA/PHN Referral require relevant letter and completed TUSLA/PHN Service Declaration form to be given to the service.
Please Note: A Verification Form in respect of these allowances/schemes will also need to be completed. Please ask your service provider for a copy of this verification form.

I understand that the information provided in this document will be used by the service provider to register the details on the PIP system only. I understand also that the Department of Children & Youth Affairs, or Pobal acting as Agent for the Department, in conjunction with the Department of Social Protection and the Department of Education & Skills, will use this information to verify that my child/ren is/are eligible for the CCSP Programme at this time, to calculate the subsidy due to this childcare service, and for statistical purposes.

Parent/Guardian Signature _____

Date: _____