



UI: _____
(to be completed by Focus/ Local authority)

Name of pre-school service: _____

DCYA Ref No: _____

**COMMUNITY CHILDCARE COMMUNITY SUBVENTION (CCSR) TRANSITIONAL PROGRAMME
VERIFICATION FORM**

PLEASE READ CAREFULLY

The Community Childcare Subvention CCSR Transitional Programme provides access to free childcare for homeless families in a childcare service that participates in the programme.

If you are enrolling your child in the CCSR Transitional programme for the year 2018/2019 you should complete this document and return it to the service provider. Please complete this application form in full. The service provider will forward this completed form to the Department of Children & Youth Affairs (DCYA) for approval. If you are already in a DCYA childcare programme and wish to transfer to the CCST Programme, please let your service provider know.

*PARENT/GUARDIAN NAME: _____ *DATE OF BIRTH: _____
(BLOCK CAPITALS)

*PPSN:

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*Child's Name	*Child's PPSN	*DOB	Childcare Start Date <i>(to be completed by childcare provider)</i>

***Information to be provided by the Parent / Guardian**

I agree that the information given on this form may be used by the service provider to register my application for CCSR TRANSITIONAL for the 2018/19 Programme year and I consent to Focus Ireland/Local authority notifying DCYA as to my homeless status on an ongoing basis.

Parent/Guardian Signature: _____

Date: _____

I confirm that the information provided by the parent has been verified against the records held by Focus Ireland/ Local authority

Name of Official: _____ Signature: _____
(Block Capitals)