Flexible Support Funding (FSF)

Attendance Record

(This Form must accompany the FSF Claim for Payment form)

SERVICE CRN: _____ SERVICE NAME: _____

CHILD/REN'S NAME: _____

CLAIM PERIOD: __ / __ / 20__ to __ / __ / 20__ FSF FUNDED STAFF NAME/S: _____

Date	Hours Attended By Child	FSF Funded Staff Hours	Staff Signature

Date	Hours Attended By Child	ISS Funded Staff Hours	Staff Signature

Date	Hours Attended By Child	FSFS Funded Staff Hours	Staff Signature

I, the undersigned, being the authorised officer, submit this Attendance Record.

I declare that the information provided is correct and that the total hours claimed have been used to provide staffing above the licensing requirements in the care environment, in accordance with the approved FSF application.

Name (authorised signatory): _____ Signature (authorised signatory): _____