



Flexible Support Funding CLAIM FOR PAYMENT

(This claim must not exceed the hours specified in your FSF approval letter)

Application Reference Number: _____

Child's Name: _____

Service Name(or registered name): _____

Address: _____

Service CCMS: _____ ABN: _____

Description of Services Provided	Number of hours used	Subsidy Amount	Total (Hours x \$16.19)
	Hrs _____	\$16.19 per hour	
		10 % GST	
		Total Payable	

This claim form must be submitted to Illawarra Children's Services within 60 days from the support end date

Briefly describe how FSF has assisted your child care service:

Have you/will you apply for Inclusion Support Subsidy (ISS) for the child/ren related to this claim?
 Yes/ No (please circle)

I, _____ the child care service representative, verify that the Flexible Support Funding was used in accordance with the IPSP Guidelines and for the purposes claimed.

 Child Care Representative Signature

 Date

Office Use Only

Total hours used	x Hourly Rate	+ 10% GST	= Total Entitlement
<input type="text"/>	\$16.19	<input type="text"/>	<input type="text"/>

Delegate Name: _____

Delegate Signature: _____ Date: _____