



**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
[ ]	\$16.19	[ ]	[ ]
Delegate Name: _____		Date: _____	
Delegate Signature: _____		Date: _____	