

## **CONFIDENTIAL**

The Department of Human Services provides extra funding to assist low income parents to meet the costs of Preschool.

This Application Form allows us to assess your eligibility for this assistance. The assistance is provided direct by the service, it is not available from the Department. Eligibility for this assistance is dependent upon the completion of this form and providing proof of your gross family income.

Confidentiality is maintained, as with all documentation regarding you and your children, we do require to keep on file your details and proof of income for reporting purposes.

## CHILD/CHILDREN IN THE FAMILY TO BE ENROLLED

Age

**Number of Days** 

Name

1

2			
3			
Parent's Name:			
Address:			
		Post Code	
Phone:	(Home)		
	(Work)		
Gross Income:	\$		
Details of Proof of	Income:		
Spouse/Partner (if a	applicable):		
Address:			
		Post Code	
Phone:	(Home)	<del></del>	
	(Work)		
Gross Income:	\$		
Details of Proof of	Income:		
ГОТAL GROSS FAN	MILY INCOME: \$		

## **EXPLANATORY NOTES**

- a) Include all details for spouse or partner residing with responsible parent.
- b) Do not include income from Family Allowance, Family Allowance Supplement, Handicapped Children's Allowance or payment for children in Foster Care or any Family Allowances provided by the Commonwealth Government. Maintenance payments are also not to be included as income.
- c) Include value of cash and non-cash benefits from employment or self-employment.
- d) Proof of income must be provided and can be one of the following:
  - Health Care Card
  - Letter from Family Assistance Office stating income
  - Taxable income as shown on notice of assessment from the Australian Taxation Office (last years return is acceptable)

## **DECLARATION BY FAMILY**

- 1) The information given in this form is true.
- 2) I/we have provided all evidence relating to my/our gross income.
- 3) I/we undertake to advise the Centre of any changes to the information in this application which would affect your eligibility.
- 4) I/we are aware that eligibility must be reassessed every 6 months and I/we agree to complete another Application when required in order to obtain assistance.

Signed:			
	Parent		Spouse/Partner
Date:	//		
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	Declaration by Centre (for office use only)		
	• Pro	of of Income has beei	n obtained
Signed:	Nominated Super		
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Date:	//		