

Reporting Your Service has given/is giving a Certificate for Special Child Care Benefit (SCCB) for a Child at Risk

when a service is eligible for Child Care Benefit (Service SCCB)

What is Service SCCB?

Special Child Care Benefit (SCCB) is part of the range of assistance provided by the Australian Government to assist families to access quality child care and early childhood learning for children who are considered at risk of **serious abuse or neglect**.

The term 'Service SCCB' is used as shorthand to refer to the circumstances where a service is eligible in relation to a child at risk under section 47 of the *A New Tax System (Family Assistance) Act 1999* (the Act).

This form only applies to Service SCCB. It does not apply where an individual is conditionally eligible in relation to a child at risk, or where an individual who is conditionally eligible is experiencing hardship.

When giving certificates for Service SCCB, please ensure that you are also familiar with your service's obligation to not exceed the SCCB reporting period limit. If you do exceed it, your service will incur a debt to the Australian Government that must be paid back. The reporting period limit for the current quarter is, unless the Secretary (of the Department of Education) has determined otherwise, the following amount: 18 % of the total child care benefit that is payable to your service in the quarter two quarters before the current quarter.

Please refer to section 14 of the **Child Care Service Handbook** and the **SCCB fact sheet** for more information on SCCB and circumstances when it should be applied, including information about the reporting period limit.

To claim Service SCCB for a session of care, your service must believe at the time the session of care is provided to the child that the child is at risk of serious abuse or neglect. This is a requirement of section 47 of the Act.

When to use this form

Complete this form when Service SCCB applies (that is, when your service is eligible in relation to a child at risk under section 47 of the Act); and

- your service is certifying an hourly rate of child care benefit by fee reduction under section 76(2) of the Act for an initial period of not more than 13 weeks in the current financial year for a particular child at risk of serious abuse or neglect.

Note that your service should not give a certificate if by doing so your service would exceed the reporting period limit for the current quarter – in that case, your service should make an application under section 81 of the Act, see separate application form.

How to use this form

1. **Please complete all of Parts A and C of the form, following the instructions for Part B of the form.**
2. Send this **completed** and signed form, together with supporting documentation (if appropriate), to the CCMS Helpdesk either by:
 - Fax – 1300 663 429
 - Email – ccmshelpdesk@education.gov.au
 - Mail – CCMS Helpdesk
Department of Education
GPO Box 9880
Canberra ACT 2601

Additional information about advising us of a certificate your service is giving under section 76(2) of the Act

If your service is certifying an hourly rate under section 76(2) of the Act, your service may either:

- use this form as the certificate – in which case, provided your service completes all the relevant parts of this form, submission of this form will be taken to:
 - o be a report of your service's eligibility under sections 49(2) and 49D of the *A New Tax System (Family Assistance) (Administration) Act 1999* (the Administration Act); and
 - o have satisfied your service's obligations under:
 - section 76(3) of the Act;
 - section 9(a) of the *Child Care Benefit (Rates and Hardship) Determination 2000* (Rates Determination); and
 - section 6(c) of the *A New Tax System (Family Assistance) (Administration) (Child Care Benefit – Recording Keeping) Rules 2006* (Record Keeping Rules) (your service must keep a copy of the certificate for 36 months from the end of the calendar year in which care was provided); or
- use this form to report your service's eligibility under sections 49(2) and 49D of the Administration Act – and scan the certificate your service has given under section 76(2) of the Act and attach it to this form. Your service is responsible in this instance for ensuring that the certificate your service has given complies with the requirements of:
 - o section 76(3) of the Act; and
 - o section 9(a) of the Rates Determination,
 and that your service complies with section 6(c) of the Record Keeping Rules (your service must keep a copy of the certificate for 36 months from the end of the calendar year in which care was provided).

Protected information

Information contained in this form about your service and any individuals is protected information under the family assistance law. Protected information can only be disclosed to other persons for the purposes of the family assistance law and in some other limited circumstances (see sections 161 to 169, Administration Act).

Other general information about this form

Two authorised persons from your child care service must sign this form for it to be processed, unless you are a sole trader.

If this form is not completed in full for the option(s) your service has selected, it will not be processed.

If you have any questions about how to complete this form, please contact the CCMS Helpdesk on 1300 667 276.

PART A**1 Reason why you are submitting this form**

Please tick ONE of the following options

Your service is giving/has given a certificate under section 76(2) of the Act for the child named below for an initial period of first 13 weeks and:

- (a) your service has given the certificate using its own form – and you are attaching a copy of the certificate to this form; or
- (b) your service is using this form to give the certificate.

Note: For applications for a determination under section 81(3) of the Act (individual conditionally eligible in relation to a child at risk), your service must send an application to the Special Child Care Benefit Assessment team at the Department of Human Services. For applications for a determination under section 81(2) of the Act (individual conditionally eligible is experiencing hardship), an application must be sent to the Special Child Care Benefit Assessment team at the Department of Human Services. In both cases, please use form number **FA023**.

2 Service details

Organisation name	<input type="text"/>		
Organisation ID	<input type="text"/>	CCB Approval ID/s	<input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	Postcode		

3 Service contact details for enquiries

Name	<input type="text"/>
Position	<input type="text"/>
Email	<input type="text"/>
Telephone number	(<input type="text"/>) <input type="text"/>

4 Family details

Child name	<input type="text"/>		
Child date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Child CRN (if known)	<input type="text"/>
Parent/Guardian name (if known)	<input type="text"/>		
Parent/Guardian date of birth (if known)	<input type="text"/> / <input type="text"/> / <input type="text"/>	Parent/Guardian CRN (if known)	<input type="text"/>
Parent/Guardian relationship to child	<input type="text"/>		

5 Period during which at risk circumstances apply

From / / To / /

6 Period of service SCCB your service is certifying (this must be a period of complete weeks, starting on a Monday)

From / / To / /

7 Service SCCB enrolment ID

Enrolment ID

Attendances for the period specified in this application must be reported in a Service SCCB enrolment in CCMS.

8 Any period of SCCB certified for the child since 1 July of the financial year in which your service has certified or had approved through the Department of Human Services and the Department of Education

From	<input type="text" value="/ /"/>	To	<input type="text" value="/ /"/>
From	<input type="text" value="/ /"/>	To	<input type="text" value="/ /"/>
From	<input type="text" value="/ /"/>	To	<input type="text" value="/ /"/>

9 Child enrolment information

	Start time	End time
Monday	<input type="text"/>	<input type="text"/>
Tuesday	<input type="text"/>	<input type="text"/>
Wednesday	<input type="text"/>	<input type="text"/>
Thursday	<input type="text"/>	<input type="text"/>
Friday	<input type="text"/>	<input type="text"/>
Saturday	<input type="text"/>	<input type="text"/>
Sunday	<input type="text"/>	<input type="text"/>

10 Family day care services only

Name of the educator providing the care

Educator ID

PART C**Declaration by service representatives**

Service's name

Child's name

Either:**A Your service has already given a section 76(2) certificate under the Act for this child using its own form and is reporting this to the Secretary:**

The service named above:

- believes that the child named above is at risk of serious abuse of neglect;
- has given a section 76(2) certificate under the Act in relation to the child named above;
- has attached a scanned copy of the certificate to this form;
- has set out below the hourly rate and period which are specified in the certificate; and
- is reporting its eligibility for child care benefit by fee reduction by submitting this form.

OR:**B Your service has decided to use this form as the section 76(2) certificate under the Act:**

The service named above:

- believes that the child named above is at risk of serious abuse of neglect;
- is giving a certificate under section 76(2) of the Act by completing this form;
- certifies the hourly rate and period specified below; and
- is reporting its eligibility for child care benefit by fee reduction by submitting this form.

1 Details of the period and the hourly rate of child care benefit by fee reduction specified in the certificate:

Period

From

To

Hourly rate

per hour

amounting to

per week for sessions of care to be provided to this child.

Authorised person 1

- I declare that this service is submitting this form under [tick the applicable box]:
Option A – service already has given its own section 76(2) certificate under the Act
Option B – service is using this form as the section 76(2) certificate under the Act
- I declare that the information provided on this form is true and correct.
- I understand that giving false or misleading information is a serious offence.

Name

Position

Signature



Date

Authorised person 2

- I declare that the information provided on this form is true and correct.
- I understand that giving false or misleading information is a serious offence.

Name

Position

Signature



Date