Australian Government
Family Assistance Office

Notification of full fee paying customers

This form to be completed by customers who do not wish to apply for reduced fees.

The information provided on this form will be used to link you and your children to the child care provider you nominate below. This link is necessary for you to claim Child Care Benefit as a lump sum.

Families must contact the Family Assistance Office if they want to receive reduced child care fees.

The authority to collect this information is contained in the family assistance law. Families wanting more information about privacy can call the Family Assistance Office on **13 6150** and ask for a fact sheet about *Your Right to Privacy*, or visit our website at **www.familyassist.gov.au**

customer details

Note: Provide details of the person liable to pay the child care fees.

Family name

Given names

Other names known by

◆ e.g. maiden name, previous married or de facto name

Date of birth / / male ☐ female ☐

Home address

state postcode

Telephone number home ( ) work ( ) mobile ( )

Customer Reference Number (if known) _ _

child details

	Child 1	Child 2
Family name		
Given names		
Other names known by		
Date of birth	/ / male ☐ female ☐	/ / male ☐ female ☐

Note: If more than 2 children, please attach a separate sheet.

statement

- I declare that the information I have provided on this form is complete and correct.
- I understand that the Family Assistance Office will release information necessary to administer my Child Care Benefit to my child care service(s) and the Department of Families, Community Services and Indigenous Affairs.
- I understand that giving false or misleading information is a serious offence.

Signature

/ /

Please give this form to your service provider to complete the details below.

provider details

Name of Approved Service Provider

◆ Please print or use a stamp

Reference number _ _

Fax this completed form to your payment team on 1800 700 533