

**PLEASE RETURN THIS COMPLETED FORM TO:**

The Benefit Section, East Riding of Yorkshire Council, PO Box 12 County Hall, Beverley,  
East Riding of Yorkshire, HU17 9BD

Claim reference number (if known)

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**PROOF OF CHILD CARE COSTS**

**PRIVATE AND CONFIDENTIAL**

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If you have to pay for childcare so that you can go to work, you may be entitled to additional housing benefit or council tax support.

To qualify:

- you must be working more than 16 hours a week; and
- if you have a partner, they must be also working more than 16 hours a week unless they are accepted by the Department for Work and Pensions as unfit for work; and
- the childcare must be provided by a registered childminder, registered nursery or an after-school club

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**To be completed by parent or guardian** If you use more than one child care provider you must complete separate forms for each provider.

Name

Address

National Insurance Number

Child's name

Child's date of birth

Child's name

Child's date of birth

Child's name

Child's date of birth

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**To be completed by the Childcare Provider**

Child care provider's name

Registration number

Business address

Business telephone number

Date childcare started	
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Week ending	Child's name	Total hours care per week	Amount paid per week	Comments

**Please use the table below if there are any expected/predicted changes in childcare costs – i.e. school holidays, etc.**

Week ending	Child's name	Total hours care per week	Amount paid per week	Comments

**I confirm that the information given is true and complete**

<p><b>Signature or business stamp of child care provider:</b></p> <p><b>Date:</b></p>
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**If you have any queries regarding the completion of this form please contact the Benefit Section on (01482) 393939**