

## Housing Benefit/Council Tax Reduction Certificate of Child Care Costs

**Case Ref:-**

Please ask your childminder or nursery to complete Part B.

**Part A – Customer**

Name:  
Address:

**Part B – To be completed by childminder or nursery**

Name of childminder  
or nursery. ....  
Address  
.....  
.....  
Registration Number .....

Childs Name	Amount charged (Full cost)	Value of Government funding	Amount paid by Customer (after funding)	Frequency paid	* Number of weeks provided *	Date Commenced

\*Number of weeks charged in a year, if the provider has a one fee for a full year, just input '52' weeks charged. E.g. Fixed £150 per month for 12 months.

Are there any upcoming changes, please provide date of change: (increase in fees or changes to childcare arrangements)  
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To find out more about how we use your personal data please visit <https://www.milton-keynes.gov.uk/benefits-council-tax/housing-benefit-council-tax-reduction-discretionary-awards-privacy-notice>

Signature of Childminder .....

Name of Signatory .....

Date: .....