FAMILY MEMBERS IN CARE

Under the Family Assistance Law, children who are a niece/nephew, cousin or grand/greatgrandchild of a Family Day Care educator must make up fewer than half of the children to whom the educator is providing care within any fortnight

|  |  |
| --- | --- |
| EDUCATOR NAME: |  |
| STATE: |  |
| CONSULTANT: |  |

***Please complete EITHER Part A or Part B of this form.***

# **PART A**

|  |  |  |  |
| --- | --- | --- | --- |
| **TICK** | **DECLARATION** | **SIGNATURE** | **DATE** |
|  | I have no related family day care children in my care receiving benefits. |  |  |

# **PART B**

|  |  |  |
| --- | --- | --- |
| **CHILDS NAME** | **RELATIONSHIP TO FDC EDUCATOR** | **NUMBER OF DAYS IN CARE ACROSS A FORTNIGHT** |
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| --- | --- | --- | --- | --- |
| **TOTAL NUMBER OF CHILDREN IN CARE OVER A FORTNIGHT** | **TOTAL NUMBER OF CHILDREN RELATED TO FDC EDUCATOR IN CARE OVER A FORTNIGHT** | **PERCENTAGE OF FAMILY MEMBERS IN CARE OVER A FORTNIGHT** | | |
|  |  |  | | |
| I declare the information provided on this form to be accurate and true as at todays date. Should these circumstances change, I will provide Holistic Approach with an updated form immediately. | | | | |
| **Signature of FDC Educator** |  | | **DATE**: |  |