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**Childcare and Families Information Team**

# Apply for extended entitlement - 30 hours free childcare for foster children

This application process is for children in the care of Derby City local authority. If you are a friend or family member who has become a guardian of a child or there is a Special Guardianship Order in place you should make your application through HMRC at: [www.childcarechoices.gov.uk](http://www.childcarechoices.gov.uk)

Before making the application you must speak to the child’s Social Worker to confirm that the child accessing the free extended entitlement for three and four year olds is consistent with the child’s care plan. If the child’s social worker agrees, complete this application.

Once you and your partner (if you have one) have signed this form, the form must then be counter-signed by the child’s social worker before submission. If your application is successful, you will receive your 11 digit eligibility code by email from the Childcare and Families Information Team (CFIT), within 10 working days of them receiving the application form. The code will be valid **from the beginning of the term following that on which the completed application was received by CFIT.** Derby City Council’s fully completed application form must be returned to CFIT by 31 March – Summer place, 31 August – September place, 31 December – spring place.

This form is only for foster carers. If you are applying for your own children use the childcare service: [www.gov.uk/help-with-childcare-costs](http://www.gov.uk/help-with-childcare-costs). If you need more help contact fis@derby.gov.uk or 01332 640758

This form is only for foster parents. If you are applying for your own children use the childcare service: [www.gov.uk/help-with-childcare-costs](http://www.gov.uk/help-with-childcare-costs).

## Section 1 – about you

1.1 Your details:

|  |  |
| --- | --- |
| **Title** |  |
| **First name** |  |
| **Last name** |  |
| **Date of birth (DD/MM/YYYY)** |  |
| **National Insurance number** |  |
| **Address** |  |
| **Postcode** |  |
| **Telephone number** |  |
| **Email address** |  |

We need your address and email to send your 30 hours free childcare eligibility code.

1.2 Are you a foster parent of the children named in this form?

Yes

No

1.3 Do you and the children live in England?

Yes

No

If no, speak to your local council about what childcare schemes are available in your area.

1.3 Are you a British/Irish national?

Yes

No

1.4 If you have answered “no” to 1.3:

[ ]  Have you acquired settled or pre-settled status through the EU Settlement Scheme (EUSS);

[ ]  Have you made an application through the EUSS and are waiting for a decision, or;

[ ]  Are you appealing a decision on your EUSS application?

**Please provide evidence to support the above option you have chosen, this can be in the form of written or email confirmation from the Home Office.**

1.5 Are you subject to immigration rules that prevent you from receiving public funds?

Yes

No

## Section 2 – your employment details

2.1 Are you employed or self-employed outside your fostering responsibilities?

Yes

No

You can still answer yes if you are not currently working. For example, you are on parental leave or sick leave, or expect to start or re-start work in the next 31 days.

2.2. Do you expect to earn more than £100,000 in this tax year (April to March)?

Yes

No

If your income is over this amount you cannot get 30 hours free childcare.

2.3 If you are **not** employed outside your fostering responsibilities, select any that apply to you:

 For Universal Credit purposes, I am assessed as having limited capability for work

 I receive National Insurance credits because of incapacity or limited capability for work

 I receive a Carer’s Allowance

 I receive an Employment and Support Allowance

 I receive Incapacity Benefit

 I receive a Severe Disablement Allowance

If you get one of these benefits you will may be able to get 30 hours free childcare if you are single, or if you have a partner who holds additional employment outside their role as foster carer or meets the criteria in section 3 or 4.

2.4 Do you have a partner who lives with you?

Yes

No

A person is your partner if you are married or in a civil partnership, and live together in the same household, or a couple who live together as if you are married or in a civil partnership.

If **Yes**: go to section 3.

If **No**: skip to section 5.

## Section 3 – your partner

3.1 Your partner’s details

|  |  |
| --- | --- |
| **Title** |  |
| **First name** |  |
| **Last name** |  |
| **Date of birth (DD/MM/YYYY)** |  |
| **National Insurance number** |  |

3.2 Is your partner also a foster parent?

Yes

No

If **Yes**: go to section 4.1

If **No**: go to section 4.3

## Section 4 – Partner’s employment details

4.1 Is your partner employed or self-employed outside their fostering responsibilities?

Yes

No

You can still answer yes if they are not currently working. For example, they are on parental leave or sick leave, or expect to start or re-start work in the next 31 days.

4.2 Does your partner expect their total taxable income in this tax year (April to March) to be more than £100,000?

Yes

No

If their income is over this amount **you cannot get 30 hours free childcare.**

If it is under this amount go straight to section 5

4.3 If your partner is not a foster parent, they will need to meet the standard eligibility criteria for the extended entitlement, which best applies to your partner for the next three months:

|  |  |  |
| --- | --- | --- |
| They are an apprentice and expect to earn at least £84.48 a week | Yes | No |
| They are under 18 and expect to earn at least £84.48 a week | Yes | No |
| They are 18 to 20 and expect to earn at least £119.84 a week | Yes | No |
| They are 21 to 22 and expect to earn at least £162.88 a week | Yes | No |
| They are 23 or over and expect to earn at least £166.72 a week | Yes | No |
| They have started self-employment, less than 12 months ago | Yes | No |
| They are self-employed (longer than 12 months) and have a variable income, which averaged across the year, meets the minimum income criterion for their age | Yes | No |

If you have answered **Yes** to any of the above questions in 4.3 please go to section 5

If you have answered **No** to all of the above questions in 4.3 please go to 4.4 below

4.4 If your partner is not employed, or you have answered **No** to all of the above questions in 4.3, please select any of the following that apply to your partner:

|  |  |  |
| --- | --- | --- |
| For Universal Credit purposes they are assessed as having limited capability for work | Yes | No |
| They receive National Insurance credits because of incapacity or limited capability for work | Yes | No |
| They receive a Carer’s Allowance | Yes | No |
| They receive an Employment and Support Allowance | Yes | No |
| They receive Incapacity Benefit | Yes | No |
| They receive a Severe Disablement Allowance | Yes | No |

If you answered **Yes** to any of the above questions in 4.4 please go to section 5

If you answered **No** to no all of the above questions in 4.4 **you cannot get 30 hours free childcare**

## Section 5 – the children who will get 30 hours free childcare

If you are fostering non-related children who could both be eligible for 30 hours free childcare you will need to complete a separate form for each child.

5.1 Foster children details:

|  |  |  |  |
| --- | --- | --- | --- |
| **First name** | **Last name** | **Date of birth (DD/MM/YYYY)** | **When do you expect the child in foster care to join a school reception year?****MM/YYYY** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## Section 6 – Foster Carer’s declaration

6.1 Your declaration:

I declare that I am applying for 30 hours free childcare, to enable me to work outside of fostering, and that the information I have given on this form is correct and complete. I will inform fis@derby.gov.uk immediately should I no longer undertake paid employment out side of my fostering responsibility.

|  |  |
| --- | --- |
| **Signature** |  |
| **Date (DD/MM/YYYY)** |  |

6.2 Your partner’s declaration:

I declare that I am applying for 30 hours free childcare, to enable me to work outside of fostering, and that the information I have given on this form is correct and complete. I will inform fis@derby.gov.uk immediately should I no longer undertake paid employment out side of my fostering responsibility.

|  |  |
| --- | --- |
| **Your partner’s signature** |  |
| **Date (DD/MM/YYYY)** |  |

## Section 7 – Social Worker declaration

Before Derby City Council can issue you with a code, this form must be counter-signed by your foster child’s Social Worker.

7.1 I confirm that I support this application for 30 hours free childcare in respect of the foster children listed in this application and have seen

I declare that I have seen evidence of employment for both foster parents outside of their fostering duties, and it has been discussed how this employment is consistent with the care plan for the foster child or children listed in this application. And if the child is not a British/Irish National I declare that I have seen evidence to support this as detailed in section 1.4 of this application.

I will inform fis@derby.gov.uk should I become aware that the foster carer is no longer in paid employment outside of their fostering duties, or if there are any change with the the foster carers employment causing them to no longer meet the eligibility criteria for extended entitlement – 30 hours childcare.

|  |  |
| --- | --- |
| **Full Name** |  |
| **Signature** |  |
| **Position and telephone number** |  |
| **Date (DD/MM/YYYY)** |  |

| Derby City Council’s General Data Protection Regulation (GDPR) Statement and Privacy Statement can be found here:[www.derby.gov.uk/privacy-notice](http://www.derby.gov.uk/privacy-notice) |
| --- |

This fully completed form should be returned to: **Childcare and Families Information Service, Derby City Council, First Floor, Corporation Street, Derby, DE1 2FS**

or by secure email to fis@derby.gov.uk

**For Office Use Only:**

**The following evidence needs to be collected and checked by the foster child’s Social Worker to support this application and award extended entitlement – 30 hour eligibility.**

**Name of foster parent …………………………………..................**

Employment evidence provided:

Offer of employment letter to commence in the next 31 days

Pay slips for the last 3 months

Contract of employment

If self-employed – tax return for the last financial year

Other - please provide details **…………………………………….........**

**Benefit evidence provided:**

 For Universal Credit purposes, I am assessed as having limited capability for work

 I receive National Insurance credits because of incapacity or limited capability for work

 I receive a Carer’s Allowance

 I receive an Employment and Support Allowance

 I receive Incapacity Benefit

 I receive a Severe Disablement Allowance

**Name of partner …………………………………..............................**

Employment evidence provided to confirm meets usual eligibility criteria for the extended entitlement as detailed on:

<https://www.gov.uk/help-with-childcare-costs/free-childcare-and-education-for-2-to-4-year-olds>

Offer of employment letter to commence in the next 31 days

Pay slips for the last 3 months

Contract of employment

If self-employed – tax return for the last financial year

Other - please provide details **…………………………………….**

**Benefit evidence:**

 For Universal Credit purposes, I am assessed as having limited capability for work

 I receive National Insurance credits because of incapacity or limited capability for work

 I receive a Carer’s Allowance

 I receive an Employment and Support Allowance

 I receive Incapacity Benefit

 I receive a Severe Disablement Allowance

**Full Name of Social Worker confirming correct employment evidence**

**Name: ………………………………………………….........**

**Signature: ……………………………………………….....**

**Contact Details: ....................................... Date Seen: …………………………**