INCLUSION SUPPORT SUBSIDY (ISS)

Family Day Care/ In Home Care Attendance Record *(more than one child)*

(This form must accompany the ISS Claim for Payment)

SERVICE ID: _____ SERVICE NAME: _____

CARER'S NAME:

CHILD No. 1 ID: _____ CHILD'S NAME:_____ CHILD No. 2 ID: _____ CHILD'S NAME:_____

CLAIM PERIOD: ___ / ___ / 20___ to ___ / ___ / 20___ ADDITIONAL WORKER'S NAME *(eg for excursion)* : _____

Date	Hours Attended		Capacity Payment	Carer's Signature
	Child 1	Child 2		

Date	Hours Attended		Capacity Payment	Carer's Signature
	Child 1	Child 2		

Date	Hours Attended		Capacity Payment	Carer's Signature
	Child 1	Child 2		

I, the undersigned, being the authorised officer, submit this Attendance Record.

I declare that the information provided is correct and that the total hours claimed <u>are a Capacity Payment for the Carer</u> in the care enviroment, in accordance with the approved ISS application.

Name (authorised signatory): _____ Signature (authorised signatory): _____