

CCSP SUPPORTING DOCUMENTATION GUIDELINES 2018 - 2019

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Please be aware, that you are not required to attach Social Welfare documents or medical cards/GP visit cards when submitting a CCSP registration.

Pobal will check this eligibility by other means. However, following Pobal's checks, a registration may be awarded a lower band than was requested. We will then advise you to submit eligibility documents. The guide below provides the criteria which must be met, for these eligibility documents to be accepted by Pobal.

HOW TO GUIDE

CCSP ELIGIBILITY 2018/19

To be read in conjunction with Rules for DCYA Childcare Funding Programmes 2018/19.

The table on page 41 of the Rules for DCYA Childcare Funding Programmes 2018/19 outlines the CCSP eligibility criteria for Bands A, AJ, B and D. The list of Social Welfare payments under Band A/AJ in the table is not exhaustive. A valid Medical Card is required with Band A and Band AJ payments.

The following How to Guide provides information on the documents that provide evidence of eligibility for CCSP.

Notes on Department of Employment Affairs & Social Protection (DEASP) documentation

Date Document is Created

DEASP eligibility documents must be dated no earlier than 1 month prior to the childcare start date. For example, if the childcare start date is 20/08/2018, then the document cannot be dated earlier than 20/07/2018.

CCSP Eligibility Window

Eligibility documents must provide evidence that the parent was in receipt of the allowance in the period within **one month prior to the childcare start date up to and including the week of the childcare start date**. In the remainder of this document, this period will be referred to as the **eligibility window**.

For example, if the childcare start date is 20/08/2018, then the document must provide evidence that the parent was in receipt of the allowance in the eligibility window period from 20/07/2018 to 26/08/2018.

Social Welfare Payment

There are many different documents provided by the DEASP regarding social welfare payments/allowances. In general, they should meet the following criteria:

- The document is dated (i.e. the date the document was produced)
- The name and PPSN on the document matches the parent details on the child registration
 - o For example, if the father is in receipt of the allowance and the mother is a dependent on the claim, then the father must be entered onto the registration.
- The name of the allowance is stated
- Confirmation is given that the parent was eligible for the allowance on a specific date or for an unbroken period between 2 dates.

Some examples of the common types of documents and the criteria they must meet are given below.

Summary of Payments

Pobal recommends that a Summary of Payments is requested by the parent on the DEASP website.

A service can support the parent in submitting the request. In this way, the service can ensure that a summary is requested for the correct dates (i.e. for the eligibility window).

A service should never submit an online request for a parent.

Links to the request form are given below. There is a separate form for Jobseekers Allowance/Benefit and all other allowances.

To request a statement for Jobseekers Benefit or Jobseeker Allowance follow this link: <https://www.welfare.ie/en/Pages/secure/StatementOfJAJB.aspx>

The online application is as follows.

For the field “What period do you want your statement to cover”, enter the dates of the eligibility window.

In the example below, the registration has a start date of 20/08/2018. Therefore, the parent is requesting a statement for the period 20/07/2018 to 26/08/2018.

What is your county?	Carlow
What is your office?	Intreo Centre Carlow
What is your Personal Public Services Number (PPSN)?	1234567A
What is your first name?	Name
What is your surname?	Surname
Address: (max 250 characters)	Street, Town, County
What is your date of birth? (dd/mm/yyyy)	01/01/1975
What is your mother's birth surname?	Surname
What is your telephone number?	086
I want a statement of my:	Jobseekers Benefit
What period do you want your statement to cover? (e.g. 2012, 2011, March 2010, etc.)	20/07/2018 to 26/08/2018

To request a statement for *certain other allowances* follow this link:

<https://www.welfare.ie/en/Pages/secure/OnlineStatementRequest.aspx>

The online application is as follows.

For the field “What per do you want your statement to cover”, enter the dates of the eligibility window.

In the example below, the registration has a start date of 20/08/2018. Therefore, the parent is requesting a statement for the period 20/08/2018 to 26/08/2018.

What is your Personal Public Services Number (PPSN)?	1234567A
What Type of payment are you getting from this Department?	Family Income Supplement
For which year do you need a statement? (e.g. 2009, 2008)	20/08/2018 to 26/08/2018
Why do you want a statement?	For Other Purposes

If your payment does not appear on the list, please [contact the relevant section of the Department](#) to request your statement.

A statement is available for the following allowances:

Blind pension	One parent family payment
Carers allowance & carers benefit	State pension
Disability allowance & disability benefit	Widow(er)'s or surviving civil partners pension
Illness benefit	Family income supplement
Invalidity pension	

For other eligible allowances, a different document must be provided (see further below for examples)

An example of the Summary of Payments that will be posted to the parent is given below.

Ensure:

- To scan and attach all pages. This is usually a 2 page document
- The letter is dated no earlier than 1 month prior to the childcare start date
- The name and PPSN on the letter matches the parent details on the child registration
- **Both** the “from” and “to” dates are within the eligibility window
- The name of the allowance is stated in the “scheme” column
- A payment amount appears in the “total paid during period” column
 - o If no payment amount appears, then request a summary for a broader date range, ensuring that both dates are still within the eligibility window.
 - o Do not blank out the payment amount as we need confirmation payment was received.

NOTE: All pages must be submitted (including the cover page).

In this example, the registration has a start date of 01/05/2017.

Therefore the eligibility window is 01/04/2017 to 07/05/2017.

In the summary of payment, the “from” date (01/05/2017) and “to” date (06/05/2017) are within the eligibility window.

The name on the letter matches the parent name on the child registration.

The PPSN on the letter matches the parent PPSN on the child registration.

Ms

PPSN:

Summary of Payments Received by: Ms

PPSN:

Period From: 01/05/2017 To: 06/05/2017

Scheme:	Total paid during period:
Child Benefit	Euro
Family Income Supplement	Euro
One Parent Family Payment	Euro
Total Amount Paid:	Euro

Both the “from” and “to” dates are within the eligibility window

The name of the allowance is stated

A payment amount is given

Receipt for Payment

The receipt received with the payment can be submitted.

Ensure

- The name on the receipt matches the parent name on the child registration
- The final characters visible on the PPSN match the parent PPSN on the child registration. The first 4 digits of the parent PPSN have been blocked out
- The name of the allowance is stated
- The pay period is stated and at least one date is within the eligibility window

In this example, the registration has a start date of 28/08/2017.

Therefore the eligibility window is 28/07/2017 to 03/09/2017.

The name on the receipt matches the parent name on the child registration.

The PPSN on the receipt matches the parent PPSN on the child registration.

The name of the allowance is stated

The pay period is stated and at least one date is within the eligibility window

Department of Social Protection
Node: [redacted] 23/08/2017 10:45:23
Payee: [redacted]
PPSN: **** [redacted]
JOBSEEKER'S BENEFIT
Pay Period: 17/08/17 to 23/08/17
Pay No: [redacted]
Net Amt Due: [redacted]
Payments Flat: [redacted] Deductions
Tot Pmts [redacted] Tot Deds 0.00
Claim Name:
Claim Number:
Extra Days Paid: 6
TOTAL AMOUNT PAYABLE: [redacted]
I have received the sum shown above to which I am entitled:

Letter from local DEASP office

Ensure:

- The letter is on headed paper
- The letter is dated no earlier than 1 month prior to the childcare start date
- The name and PPSN on the letter matches the parent details on the child registration
- The name of the allowance is stated
- Confirmation is given that the parent was eligible for the allowance on a specific date or for an unbroken period between 2 dates.
 - o If a specific date is given, then this date must be within the eligibility window.
 - o If a range of dates is given, then the allowance must be awarded for an unbroken period between these dates. One of these dates must be within the eligibility window.
- The letter must be signed and stamped by the DEASP officer

In this example, the registration has a start date of 21/08/2017. Therefore the eligibility window is 21/07/2017 to 27/08/2017.

Oifig Áitúil Leasa Shóisiala
Foirgnimh Na Mainistreach
Bóthar Na Mainistreach
Abbey Buildings
Abbey Road
Navan
Co. Na Mi.

Social Welfare Local Office
Abbey Buildings
Abbey Road
Navan
Co. Meath.

PPS Number
☎: 046-9003000 ☎: 046-9073322

The PPSN on the letter matches the parent PPSN on the child registration.

The name on the letter matches the parent name on the child registration.

The letter is on headed paper

To whom it may concern,

“Currently” in receipt i.e. in receipt as at the date the letter was produced. In this case the parent is in receipt as at 21/08/2017. This date is within the eligibility window.

The client listed above is currently in receipt of a Disability Allowance, details below:

Disability Allowance for

The name of the allowance is stated

Disability Allowance Awarded and Paying from 8/11/2016

Regards,

Social Welfare
Abbey Buildings
Abbey Road
Navan
Co Meath

“Awarded from 08/11/2016”. Therefore the allowance is awarded from 08/11/2016 to 21/08/2017. This is an unbroken period and one of the dates is within the eligibility window.

The letter is signed

INTREO Centre Navan
Abbey Buildings, Abbey Road
21 AUG 2017
Navan
Co. Meath

The letter is stamped

The letter is dated no earlier than 1 month prior to the childcare start date

Employment Programme

To confirm eligibility relating to a work programme, a letter from the employer is needed. This relates to

- Community Employment Scheme
- Rural Social Scheme
- TÚS
- Part-time Job Incentive Scheme
- Gateway

Ensure:

- The letter is on headed paper
- The letter is dated. Ensure letter is not dated earlier than 1 month prior to childcare start date.
- The letter is signed and stamped by the employer
- The parent name and PPSN on the letter matches the parent details on the child registration
- The name of the work programme is stated
- The letter should give the start and end dates of the work programme.

CCSP Verification Form

To be used where any of the following apply during the eligibility window

- Parent is in receipt of maternity benefit from DEASP
- Parent is partaking in
 - o Youth Employment Support Scheme
 - o Springboard Course
 - o ETB/Solas Training allowance
- Parent is attending secondary school

No Band is automatically applied to those parents on Maternity Benefit, partaking in a Springboard course or a Youth Employment Support Scheme, or in receipt of the ETB/SOLAS Training Allowance during the eligibility window. The appropriate Band will be based on the DEASP allowance received immediately prior to the course/training/benefit.

Ensure:

- The childcare start date is entered onto the form. This is the only part of the form that the parent/service should complete
- The parent name and PPSN is entered by the DEASP officer or school principal.
 - o The name and PPSN matches the parent details on the child registration
- The relevant option is ticked by the DEASP officer (option 1 or 2) or school principal (option 3)
 - o Under option 1, the DEASP officer enters the start and end date of the maternity benefit and enters the allowance the parent was in receipt of immediately prior to starting maternity benefit
 - o Under option 2, the DEASP officer ticks the appropriate scheme/course/allowance. The DEASP officer ticks or enters the allowance the parent was in receipt of immediately prior to starting the selected scheme/course/allowance
- The form is signed, stamped and dated by the DEASP officer or school principal.



Service enter childcare start date

Community Childcare Subvention (CCSP) VERIFICATION FORM

N.B. THIS FORM SHOULD ONLY BE COMPLETED BY EITHER INTREO OFFICE/DEPARTMENT OF EMPLOYMENT AFFAIRS AND SOCIAL PROTECTION (DEASP) OR SECONDARY SCHOOL PRINCIPAL (WHERE APPLICABLE)

PLEASE ONLY COMPLETE THIS FORM IF DURING THE PERIOD ONE MONTH PRIOR TO OR DURING ____/____/____ (child's start date in childcare service) ANY OF THE FOLLOWING APPLY TO YOU:

- Maternity Benefit payment from DEASP or;
- Youth Employment Support Scheme/Springboard Course or;
- Secondary School Student

The name and PPSN must be entered by the DEASP officer or school principal. These must match the details on the registration

Parent (name) PPSN
(Parent name & PPSN must be entered by DEASP/Intreo Office or School Principal)

(Place an X in One option only)

Option 1

Was in receipt of Maternity Benefit which started on _____ and finished on _____.
I confirm that immediately prior to Maternity Benefit payment start date, said person was in receipt of _____ from the DEASP.

Options 1 & 2 completed by DEASP officer

OR Option 2 Was partaking in a

- Youth Employment Support Scheme Springboard Course
- ETB/Solas Training Allowance

and was in receipt of one of the following immediately prior to commencing said scheme/course/allowance:

(Place an X in One option only)

- Jobseekers Allowance
- Jobseekers Benefit
- Supplementary Welfare Allowance
- Signing for credits
- Other _____ (please note ONLY if partaking in Youth Employment Support Scheme /Springboard)

OR Option 3

Was attending Secondary School (Student)

Option 3 completed by school principal

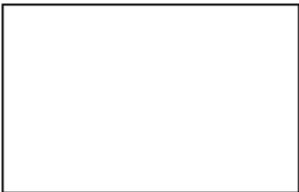
Official stamp of _____
Dated ____/____/____

DEASP/SCHOOL

Signed: _____
Name of Social Welfare Officer

OR

Signed: _____
Name of School Principal



This form is required to verify the CCSP eligibility of the person accessing subvention under the Department of Children & Youth Affairs, Community Childcare Subvention Scheme.

Sign, date & stamp by DEASP officer or school principal

TUSLA Referral

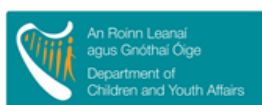
For a TUSLA referral, 2 documents are required

- Referral letter from TUSLA social worker
- TUSLA referral service declaration

For the TUSLA referral letter, ensure the letter

- Is on headed paper and is dated
- Includes the child's name and PPSN
- States the childcare start and end dates
- States if there is a service level agreement for funding or that TUSLA is paying the balance of the childcare fee. **In the case of a TUSLA referral, the parent cannot be charged a fee.**
- Is signed by the TUSLA social worker

TUSLA service declaration



Service Declaration – To be attached to TUSLA Referral For Community Childcare Subvention Plus (CCSP)

The DCYA reference; name of service; childcare start & end date; child's D.O.B.; child's PPSN and parent / guardian name must match the details on the registration on PIP.

- TUSLA referral: TUSLA referral letter must be included and must indicate the name(s) of each child(ren) being specifically referred for CCSP 'Band A' Funding. It must also state in this letter the financial arrangement with the service on how the balance of the childcare fees is being funded by TUSLA.
- CCSP Service Manager: Please complete form for each individual child referred, and attach via Online CCSP (PIP) Portal to the child's completed CCSP registration. **The TUSLA letter must also be included for it to be considered a valid referral.**

DCYA Ref ID: _____

Name of CCSP Service: _____

CCSP Placement: Start Date: ____ / ____ / ____

End Date: ____ / ____ / ____

Name of Child: _____
(Block letters)

DOB of Child: ____ / ____ / ____

Child PPSN

Figures						Letter(s)

Parent/Guardian Name _____
(Block letters)

Signature of TUSLA Social Worker: _____ Date: ____ / ____ / ____
(Block letters)
(Please note signature should match letter attached)

To be completed by CCSP Service:
I declare that childcare fees for this child, who is attending the above-named childcare service is being met by DCYA and the balance is being met by TUSLA under the CCSP programme as a 'TUSLA Referral'.

Signature of CCSP Service Manager: _____ Date: ____ / ____ / ____

The service manager must sign and date the service declaration. The manager's name must be the same as that specified in PIP

PHN Referral

For a PHN referral, 2 documents are required

- Referral letter from the Public Health Nurse
- PHN referral service declaration

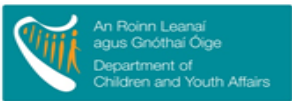
For the PHN referral letter, ensure the letter

- Is on headed paper and is dated
- Includes the child's name and PPSN
- States the childcare start and end dates
- Is signed by the Public Health Nurse
- If relevant, states the HSE is paying the balance of the childcare fee*. **In the case of a PHN referral, the parent cannot be charged a fee.**

*In the case of a PHN referral, the childcare service may fund the balance of the childcare fee.

PHN service declaration

The DCYA reference; name of service; childcare start & end date; child's D.O.B.; child's PPSN and parent / guardian name must match the details on the registration on PIP.



Service Declaration – To be attached to PHN Referral For Community Childcare Subvention Plus (CCSP)

- PHN (Public Health Nurse) referral: Please complete form and submit to CCS Childcare Service Provider. The PHN letter and this Declaration must be completed by the same PHN person. **The PHN letter must also be included for it to be considered a valid referral.**
- CCSP Service Manager: Please complete form, and attach via Online CCSP (PIP) Portal to the child's completed CCSP registration.

DCYA Ref ID: _____

PHN Referral made by: (Block letters) _____

Name of CCSP Service: _____

CCSP Placement: _____ Start Date: ____ / ____ / ____

End Date: ____ / ____ / ____

Name of Child: (Block letters) _____

DOB of Child: ____ / ____ / ____

Child PPSN

Figures					Letter(s)	

Parent/Guardian Name (Block letters) _____

To be completed by HSE Public Health Nurse:

I, _____ (signature of Public Health Nurse) refer the above named child for CCSP funding according to the understanding that:

- There is a particular need for this child to attend childcare without childcare fees being a barrier to same.
- DCYA will ~~subvent~~ the child under CCSP at a Band A Rate (where eligibility criteria has been met), having been referred by a HSE Public Health Nurse
- It has been agreed that the HSE/Childcare Service will fund the balance between CCSP subvention and this child's full childcare costs.

To be completed by CCSP Service:

I declare that childcare fees for this child, who is attending the above-named childcare service is being met by DCYA and HSE/Childcare Service under the CCSP programme as a 'PHN Referral'

Signature of CCSP Service Manager: _____ Date: ____ / ____ / ____

The service manager must sign and date the service declaration. The manager's name must be the same as that specified in PIP

Enter PHN name in block letters

HSE Medical Card or GP Visit Card (6+)

- Ensure the relevant card has not expired prior to the week of the childcare start date.
- Pobal will check the parent and child details on the HSE database. Where the database does not confirm the parent or child has a medical card/GPVC in the childcare start week, further evidence must be provided by the parent.
- Pobal will accept a letter from the HSE Primary Care Reimbursement Service (PCRS). This letter must contain the parent and/or child name and PPSN. This letter must contain the card start date and end date
- Note: Letters from GPs are not acceptable evidence.
- Note: GP visit card for children 0 – 6 years of age does not qualify for CCSP

Miscellaneous

- For those who show proof of Supplementary Welfare Allowance please ensure it does not also state Direct Provision as this does not entitle the parent to subvention. Direct Provision is paid to Asylum Seekers who fall under the Department of Justice. If a DEASP document provided to Pobal relates to Supplementary Welfare Allowance, we may ask you to provide further evidence that it is not Direct Provision.
- Parents who no longer qualify for Band A/AJ this year but who were verified as being on Band A /AJ at the end of the previous school year will be entitled to Band D.
- The opening paragraph states that the list of Social Welfare payments under Band A/AJ in the table is not exhaustive. The following payments are not on the list on page 41 of the Rules for DCYA Childcare Funding Programmes 2017/18, but are eligible for CCS
 - o Jobseekers transition payment: eligible for Band B or Band AJ with a medical card
 - o Job Path: eligible for Band B or Band AJ with a medical card