

# SUPPLEMENTARY WELFARE ALLOWANCE

## CRECHE SUPPLEMENT S.W.A. 17 - October 2011

To be used in conjunction with S.W.A. 1

Office Use

Date Received

By Whom

Please note the following:-

- The Creche Supplement will only be considered where a Public Health Nurse or Health Service Social Worker recommends that a child in difficult circumstances would benefit by attending a community creche or that the parent(s) of a child needs to avail of counselling services, addiction treatments or similar and that creche services are necessarily required to facilitate this.
- The Creche Supplement will not be considered for routine child minding expenses or for the purpose of taking up employment, training or educational opportunities. In general, where ongoing provision of Community Childcare Services is required to meet particular social needs in an area, funding from sources other than short term Supplementary Welfare Allowance Supplement is more appropriate.
- The Creche Supplement will only be considered in respect of children attending a community creche.
- The Creche Supplement will not be considered in respect of children participating in the Early Childhood Care and Education Scheme.
- The Creche Supplement will only be considered where the Department of Social Protection is satisfied that the applicant is unable to meet the cost and that there is no alternative source available to provide the creche service or the cost of the creche service.
- Section 1 should be completed by the applicant, Section 2 by the creche manager/supervisor and Section 3 by the Public Health Nurse or Health Service Social Worker.
- The Department of Social Protection accepts no liability arising from any cause whatsoever in respect of bodily injury or otherwise or damage to property of the applicant(s) child/children whilst attending at or near creche facilities being provided.

### SECTION 1: FOR COMPLETION BY APPLICANT

NAME (BLOCK CAPITALS) \_\_\_\_\_

P.P.S. No.

NUMBERS							LETTERS	

ADDRESS \_\_\_\_\_

Name(s) of child(ren) to attend creche  
\_\_\_\_\_  
\_\_\_\_\_

Reason for attending creche \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Duration of attendance \_\_\_\_\_

## SECTION 2: FOR COMPLETION BY CRECHE MANAGER/SUPERVISOR

Name of community creche: \_\_\_\_\_ Tel No. \_\_\_\_\_

Address \_\_\_\_\_

Has this creche/playschool been notified to the Health Service Executive in accordance with the Child Care (Pre-school Services Regulations) 1996? Yes  No

Is the Creche a member of the Irish Pre-school Playgroups Association? Yes  No

Cost of child/children per day/week € \_\_\_\_\_

Hours of attendance \_\_\_\_\_

Is the creche participating in the Early Childhood Care and Education Scheme? Yes  No

Has/have the child/children named in Section 1 been awarded a care place? Yes  No

Is/are the child/children named in Section 1 awaiting a place under the Early Childhood Care and Education Scheme? Yes  No

Name of creche manager/supervisor \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Creche manager/supervisor

## SECTION 3: FOR COMPLETION BY PUBLIC HEALTH NURSE OR HEALTH SERVICE SOCIAL WORKER *(Please see introductory notes)*

A) Is the application for the creche supplement in respect of the child/children, named overleaf who is/are in difficult circumstances and who would benefit by attending a community creche? (please tick)  
Yes  No

B) Is the application for the Creche Supplement in respect of the parent(s) of child/children, named overleaf, who need to avail of counselling services, addiction treatment(s) or similar and that the creche services are necessarily required to facilitate this? (please tick)  
Yes  No

If "yes" to A or B, please outline these difficult circumstances or provide details of counselling services or addiction treatments attending.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Public Health Nurse/Health Service Social Worker