

INCLUSION SUPPORT SUBSIDY (ISS)
Centre Based Care Services Attendance Record - Single Child
 (This Record must accompany the ISS Claim for Payment Form)

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| SERVICE NAME: | ISS APPROVED WEEKLY HOURS: |
| ISS CARE TYPE: <i>(please tick one only)</i> <input type="checkbox"/> LDC <input type="checkbox"/> BSC <input type="checkbox"/> ASC <input type="checkbox"/> VAC <input type="checkbox"/> OCC OTHER: | |
| CHILD'S NAME: | CLAIM PERIOD: / / to / / |

ISS FUNDED ADDITIONAL WORKER NAME/S:

Record of Hours (please record number of ISS funded hours child attended, not times*) *See Claim Guide if the same additional worker has been employed in relation to different children on the same day, at different times.

| Week Beginning (Monday) Date <small>E.g. 31/8/09</small> | Monday (ISS Hours) | Additional Worker Initial | Tuesday (ISS Hours) | Additional Worker Initial | Wednesday (ISS Hours) | Additional Worker Initial | Thursday (ISS Hours) | Additional Worker Initial | Friday (ISS Hours) | Additional Worker Initial | Child Absent Hours Worker Attended | Total ISS funded Hours Additional Worker employed | Office Use Only |
|--|-----------------------|---------------------------------|------------------------|---------------------------------|--------------------------|---------------------------------|-------------------------|---------------------------------|-----------------------|---------------------------------|--|--|--------------------|
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I, the undersigned, being the Authorised Officer, submit this Attendance Record. I declare the information provided is correct and the total hours claimed have been used to provide staffing above the licensing requirements in the care environment, in accordance with the approved ISS application. I agree to provide the National Inclusion Support Subsidy Provider with copies of child and ISS Additional Worker Attendance Records to substantiate the claim if requested.

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|-------------------|------------------|
| Name: | Position: |
| Signature: | Date: |