

# Additional child form



**Family Fund**

Helping disabled children



Please note this additional child form can only be accepted with an actual application form attached to it. You cannot send this form on its own.

## Contact details

### Your details

Your name

Address

Postcode

Email address

Phone number

Have you applied to Family Fund before? Yes  No

If you have a Family Fund number,  
please write it here

## Your disabled child or young person

In this section we will ask you for details about your disabled child or young person that you are applying for. You can only apply for one person on this form. If you are applying for more than one disabled child or young person, you need to complete an Additional Child Form. You can download one of these on our website on this page [www.familyfund.org.uk/addchildform](http://www.familyfund.org.uk/addchildform) or telephone us on 01904 550055 to ask us to send you a form.

### About your child

Your child's first name

Your child's middle name

Your child's last name

Your child's date of birth

Your child's gender

Female

Male

Prefer not to say

Self-describe

What is your relationship to the child or young person you are applying for?

Parent  Step-parent  Grandparent

Other (describe)

Does your child live with you full-time and on a permanent basis?

Is your child currently under the care of the local authority?

If yes, please provide some further details.

Is your child in foster care?

## Your child's disability or illness

Please tell us about your child's condition or diagnosis.

Condition

Date of diagnosis (if known)

| Condition            | Date of diagnosis (if known) |
|----------------------|------------------------------|
| <input type="text"/> | <input type="text"/>         |

## Your child's disability benefits

You may receive disability benefits on behalf of your child. Information about this can help us to process your application more quickly.

Does your child receive any of the following disability benefits? Tick any that apply.

Disability Living Allowance (DLA)

Personal Independence Payments (PIP)

Child Disability Payments (Scotland)

Adult Disability Payments (Scotland)

If you have ticked one of the boxes above, please tell us which components they receive.

| Care Component / Daily Living Component        | Mobility Component                             |
|--|--|
| High rate or enhanced <input type="checkbox"/> | High rate or enhanced <input type="checkbox"/> |
| Middle rate <input type="checkbox"/>           | Low rate <input type="checkbox"/>              |
| Low rate <input type="checkbox"/>              | Standard <input type="checkbox"/>              |
| Standard <input type="checkbox"/>              |  |



If you have said you receive any of these benefits you will need to provide a COPY of your most recent benefit letter with your application form when you submit it, or we cannot process your application

If your child does not receive any disability benefit, please indicate if any of these statements apply to you.

|  |                          |
|--|--------------------------|
| We have not applied for any disability benefit | <input type="checkbox"/> |
| We have applied and we are awaiting a decision | <input type="checkbox"/> |
| We have applied but were refused               | <input type="checkbox"/> |
| We are currently appealing a decision          | <input type="checkbox"/> |

## Your child's support needs

In this section we will ask you to describe the additional support needs your child has. Please provide as much information as possible to help us process your application. If your child does not need a particular type of support, or it is not relevant due to their age, please leave the question blank.

### Education and learning

|  |                          |
|--|--------------------------|
| Does your child attend a special needs nursery, school or college? | <input type="checkbox"/> |
| Does your child receive portage or early years support?            | <input type="checkbox"/> |

What level of 1:1 support does your child receive at nursery, school or college due to their disability or illness?

|  |                          |
|--|--------------------------|
| No 1:1 support                           | <input type="checkbox"/> |
| 0-10 hours of 1:1 support per week       | <input type="checkbox"/> |
| 11-15 hours of 1:1 support per week      | <input type="checkbox"/> |
| 16 or more hours of 1:1 support per week | <input type="checkbox"/> |

Does your child currently have any of the following?

Education and Health Care Plan (EHCP)

Coordinated Support Plan (CSP)

Education Plan (additional support or personal learning plan)

Individual Development Plan (Wales)

Child or Young Person Plan



If you have ticked any of the above, please provide a copy of the plan with your application form when you submit it, or we will not be able to process your application.

Does your child attend any of the following?

Mainstream nursery, school or college

Special unit within a mainstream nursery, school or college

Pupil Referral Unit

Special residential school or college

Please tell us about any other support your child receives at school. For example, are they on a reduced timetable or reduced hours or do they get any group support?

Is your child home educated?

If yes, please tell us about the circumstances. For example, if local schools are unable to support and why.

## Treatment and therapies

In this section we ask about the treatments and therapies your child receives. If they don't receive a particular therapy or treatment, leave that question blank.

In the past 12 months has your child had to stay in hospital overnight because of their condition?

If yes, please tell us how long the stay was, and what it was for.

Does your child receive stoma care?

Is your child tube or peg fed?

Does your child receive any of the following? If yes, please tell us how often this is given and where the treatment takes place.

| Treatment or therapy  | How often given | Where treatment takes place |
|---|-----------------|-----------------------------|
| Chemotherapy or radiotherapy <input type="checkbox"/>         |                 |                             |
| Oxygen <input type="checkbox"/>                               |                 |                             |
| Injections or blood transfusions <input type="checkbox"/>     |                 |                             |
| Physiotherapy <input type="checkbox"/>                        |                 |                             |
| Occupational therapy <input type="checkbox"/>                 |                 |                             |
| Speech and language therapy <input type="checkbox"/>          |                 |                             |
| CAMHS or other mental health support <input type="checkbox"/> |                 |                             |
| Play therapy <input type="checkbox"/>                         |                 |                             |

Please tell us about any other treatments or therapies your child receives.

Please tell us about any medication your child receives, what it is called, how much they take and how often.

| Type of medication | Dosage | How often is it taken? |
|--------------------|--------|------------------------|
|                    |        |                        |

## Communications

In this section we ask you about any support your child needs to help them to communicate.

Does your child use any of the following to help their communication?

|                                     |                          |
|-------------------------------------|--------------------------|
| Cochlear implant                    | <input type="checkbox"/> |
| Hearing aid or other hearing device | <input type="checkbox"/> |
| Makaton or PECS                     | <input type="checkbox"/> |
| British Sign Language               | <input type="checkbox"/> |
| Other Sign Language                 | <input type="checkbox"/> |

Other, for example voice box, electronic voice communication aid (please describe)

Please provide details of any difficulties or support needs your child has with speaking, listening and understanding.

## Personal care, mobility and specialist equipment

Please tell us about your child's personal care support needs, due to their disability or illness.

Does your child have care needs relating to incontinence?

Does your child use any of the following:

Nappies or incontinence pads

Catheter

Stoma

ACE

Please tell us about any physical support needs your child has during the day or night.

Does your child use any of the following? Tick all that apply and tell us how often they are used.

| Support  | How often is this used?               |                                       |                                      |
|--|---------------------------------------|---------------------------------------|--------------------------------------|
| Wheelchair <input type="checkbox"/>                        | All the time <input type="checkbox"/> | Occasionally <input type="checkbox"/> | Temporarily <input type="checkbox"/> |
| Walking frame <input type="checkbox"/>                     | All the time <input type="checkbox"/> | Occasionally <input type="checkbox"/> | Temporarily <input type="checkbox"/> |
| Visual mobility aid<br>eg. a cane <input type="checkbox"/> | All the time <input type="checkbox"/> | Occasionally <input type="checkbox"/> | Temporarily <input type="checkbox"/> |

Please tell us about any other specialist equipment that your child uses that you haven't already told us about.

Please tell us about your child's supervision and support needs when they are out and about or at home, including through the night. This is support for anything other than their personal care. It will include any support needed related to seizures or safety.

Please tell us about any support your child needs to engage socially or take part in social and leisure activities

## Professional contact

If we need more information about your child's needs, we may need to speak to a professional involved in your child's care and support. This may be a key worker or health visitor, teacher or other professional person who knows your child. Please provide these details below (do not give details of your GP as we are not able to contact them).

You are responsible for getting the consent of your professional contact to provide their details as part of your application, and for making them aware of the Terms and Conditions and Privacy Policies on our website.

I confirm that my professional contact has consented to their details being used in this application

Full name of professional worker

Professional role (eg social worker, teacher)

Place of work

Telephone number

Email address