

# Additional child form

**Remember**  
Complete the form as  
fully as possible. This  
may help speed up  
your application



## Family Fund

Helping disabled children

FF no



Give as much detail as you can. If you have another disabled child and would like to apply for them, you will need to contact us for an additional child form or download one from [www.familyfund.org.uk](http://www.familyfund.org.uk)

Child's first name(s)

Child's surname

Child's date of birth

dd / mm / yyyy

☐ Male

☐ Female

(please tick)

Age:

Details of child's condition or disability if known

Date of diagnosis if known

dd / mm / yyyy

dd / mm / yyyy

dd / mm / yyyy

Does your child have care needs relating to incontinence? ☐ Yes ☐ No

Has your child had to stay overnight in hospital because of their condition in the last 12 months? ☐ Yes ☐ No



Tick the rate of Disability Living Allowance (DLA) or Personal Independence Payment (PIP) your child has been awarded. If you are a young person and you receive DLA/PIP, or if you have told us that your child is in receipt of DLA/PIP, you must send us a copy of the DLA/PIP award with this application.

### Disability Living Allowance (DLA)

Care component

Mobility component

☐ High rate care

☐ High rate mobility

☐ Middle rate care

☐ Low rate mobility

☐ Low rate care

### Personal Independence Payment (PIP)

Care component

Mobility component

☐ Enhanced

☐ Enhanced

☐ Standard

☐ Standard

### My child is not getting DLA/PIP

☐ Have not applied

☐ Waiting for a decision

☐ Have been refused

Please tell us the medication needs of your child.

How often

1

2

3

Please tick the treatment or therapy received.

How often

☐ Physiotherapy

☐ Occupational therapy

☐ Speech/language therapy

☐ Psychologist/Psychiatrist/ CAMHS

☐ Audiology/Ophthalmology

☐ Chemotherapy/Radiotherapy

☐ Paediatrician/Consultant

☐ Other

## Equipment used

☐ Wheelchair    ☐ Walking frame    ☐ Oxygen    ☐ Hearing aid(s)    ☐ Cochlear implant

Other:

Does your child receive respite or short break provision? ☐ Yes ☐ No

## Behaviour at home, school and out and about – Tell us how your child's condition impacts on them.


Would your child need support to take part in social and leisure activities? ☐ Yes ☐ No

(please give details)

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## Nursery, school or college

Does your child receive support at nursery, school or college? ☐ Yes ☐ No

If yes, how many hours per week? \_\_\_\_\_ Is this: ☐ 1:1 support ☐ Small group

Is escorted transport to school provided by the education authority or equivalent? ☐ Yes ☐ No

### Please tick which of the following apply.

<input type="checkbox"/> Statement (SEN)/Co-ordinated Support Plan (CSP)/ Education, Health and Care Plan (EHC) made	When:
<input type="checkbox"/> Individual Education Plan (IEP) made	When:
<input type="checkbox"/> Educational Plan/Additional Support Plan (Scotland only)	When:
<input type="checkbox"/> Awaiting assessment for additional support needs	<input type="checkbox"/> Home Visiting Support Teacher
<input type="checkbox"/> Attends Pupil Referral Unit	<input type="checkbox"/> Attends mainstream school or college
<input type="checkbox"/> At a Special unit	<input type="checkbox"/> At Residential school or college
<input type="checkbox"/> At a Special school or college	<input type="checkbox"/> Not at nursery, school or college
<input type="checkbox"/> They have Portage	- give details below:

Please give details: \_\_\_\_\_

## Communication – Please give details about any difficulties your child has with communication.




We will need the name of your family's Social Worker, Key Worker/Lead professional, Health Visitor, Teacher or similar who knows your child well (not your GP) and who we can contact for more information.

Name

Job title

Address

Postcode

Work phone / Mobile

Email address