**SBG16 /**

**Sheffield City Council’s Short Break Grant for Parents & Carers of Children with a Disability**

SCC3COL

Short Break Grant Application Form 2016/17 – Closing date 31st January 2017

**(Please read the guidance notes before completing all sections of the form)**

**Section 1: Do you qualify?**

Please tick and complete ***all*** ofthe followingthat apply to you

For your child are you receiving

a **high rate** component of Disability Living Allowance, either care or mobility?

(Please attach a **copy** of your DLA award letter as evidence)

an enhanced rate component of Personal Independence Payment (PIP), either care or mobility?

(Please attach a **copy** of your PIP award letter as evidence)

If neither of these apply:

Have you received a short break grant last year and the ‘additional information form’ you submitted is less than 12 months old? or

Do you receive another form of short break following an assessment e.g. SNIPS Service, overnight stays in a residential unit, overnight stays with a Foster Carer, day care support from a Foster Carer, Direct Payment etc.

Please tell us which applies:

…………………………………………………………………………………………..

**You can still apply if you don’t meet any of the above, but you will need to ask a professional who knows you and your child to complete the ‘Additional Information Form’ on page 7 and enclose it with this application form.**

**Section 2: Your Details** (please ensure you complete all of your child’s details as well as all of your own)

Title: (Mr/Mrs/Miss/Ms)…………… First Name………………………… Surname……………………….

National Insurance Number or Asylum Seekers Reference Number:…………………………………………

Address:……………………………………..……………………………………………….……………………………………………………………………………………………. Post code ……………………………………..

Child’s First Name: …………………………… Child’s Surname: …………………………….

Date of Birth: ……………………… Age: ……………………………………………

What SEN, disability or health condition does your child have?

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Telephone ……………………………… Mobile ………………………………….

Email …………………………………………………………………………………………

**Please note if you give us an email address we will use it to correspond with you instead of by post.**

**If you are applying because your child receives high rate DLA or enhanced rate PIP please tell us which:**

**Disablity Living Allowance (DLA) Personal Independence Payment (PIP)**

**Care Component Mobility Component**

High/Enhanced High/Enhanced

(attach a **copy** of the award letter) (attach a **copy** of the award letter)

**Section 3: Other Children**

Please provide us with information about any other children in the household

**First Name Surname Date of Birth Details of any additional needs**

**……………. ……………… ……………… ………………………………………..**

**…………… ……………… ……………… ………………………………………..**

**…………… ……………… ……………… ………………………………………..**

**…………… ……………… ……………… ………………………………………..**

**Section 4. About what you need.**

Please provide **detailed and accurate** breakdown of what you intend to use the grant for, a breakdown of the expected costs and the dates of the activities on which you propose to use the grant (e.g. the cost of tickets, accommodation, travel, food, entertainment, personal assistant, gym membership costs etc.), **Please remember evidence of the expenditure may be requested.**

**Breakdown of how you intend to use the Short Break Grant:**

(Please continue on an additional sheet of paper if necessary) **N.B. the proposed date must**

**not be after 31st March 2017**

|  |  |  |
| --- | --- | --- |
| **Description** | **Expected cost** | **Proposed date** |
| **Example: Gym membership for parent** | ***£375*** | ***October 2016*** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

The total amount you are applying for (up to a max of £400)

**Section 5. Tell us how this will give you a break from your caring responsibilities and what you and your family will gain from it:**

Please tell us who the grant will be used for:

Parent carer

Disabled child

The whole family

Please tell us what you think you will gain from the short break/s described above as a parent/carer

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

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Please tell us how the whole family will benefit:

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………

**Section 6: Declaration**

I declare that the information I have given on this form is correct. I confirm I give permission for the content of this form and the Additional Information Form (if applicable) to be shared with members of the Short Break Grant Decision Panel.

Signature ……………………………………

Print name…………………………………… Date …………………

**Please remember we must receive this before 31st January 2017 and the activities must have taken place by 31st March 2017.**

**Before submitting your application please use this checklist to make sure you haven’t missed a vital piece of information:**

I have completed Section 1 (page 1)

I have enclosed a **COPY** of my child’s current DLA or PIP

entitlement letter (If applicable)

**OR**

I have attached an Additional Information Form (page 7)

**completed and signed** by a professional (if applicable)

I have **signed** the Additional Information Form (if applicable)

**AND**

I have completed Section 2 (page 1)

I have completed Section 3 (page 2)

I have completed Section 4 (page 2)

I have completed Section 5 (page 3)

I have completed and signed Section 6 (page 3)

I have **completed and signed** Section 7 (page 5)

**Any incomplete forms will be returned to you for completion and will result in a delay with your application.**

Please return the form and any additional information, **no later than 31st January 2017** to:

**Sheffield City Council**

**Short Break Grant Scheme**

**Children, Young People and Families**

**Floor 6, North Wing**

**Moorfoot**

**Sheffield**

**S1 4PL**

Please be aware that any applications not posted direct to this address could be delayed

**Section 7: Request for payment into a bank account**

\*Please note we are unable to pay funds into a Post Office Account

|  |  |
| --- | --- |
| First name(s) |  |
| Surname |  |
| Address |  |
| Postcode |  |
| Telephone number |  |

|  |  |
| --- | --- |
| Bank Name |  |
| Name of account holder |  |
| Sort Code |  |
| Account number |  |

I confirm these details are correct and authorise Sheffield City Council to make payments directly into my bank account.

Print name…………………………………………………………….

Signature of account holder………………………………………..

Date…………………………………………………………………..

**Short Break Grant Additional Information Form**

**This page is to be completed by a professional who knows your family and the impact your child’s disability has on you.** By signing this form you agree to the following information being shared with the members of the Short Break Grant Panel.

**Child’s Name…………………………………………………….. DoB/Age………………………………………..**

**Child’s Address………………………………………………………………………………………………………..**

**Child’s Diagnosis………………………………………………………………………………………………………**

**How do you know the child and the family?.........................................................................................................................................................................................................................................................................................................................................**

**Please describe how you feel the child’s disability impacts upon daily family life**

**………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

**Are there any siblings?..................................................................................................................................**

**Do the siblings have any caring responsibilities?........................................................................................................................................................................................................................................................................................................................**

**Does the child’s disability disadvantage the siblings in any way e.g. outbursts, behaviours, demands on parents’ attention, limits to family activities? .................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................**

**Does the child have any night-time behaviours and/or disrupted sleep patterns?................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................**

**Are there any other family members with a disability or health concerns?...............................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................**

**Are there any other additional strains or pressures on the family unit?........................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................**

**Your Job Title………………………………………………. Your Name………………………………………..**

**Your Signature……………………………………… Date……………………………………………….**

**Parent’s Signature…………………………………. Date……………………………………………….**

**Return this form to: Short Break Grant Scheme, Children Young People & Families, Level 6, North Wing, Moorfoot, Sheffield S1 4PL**