

Sheffield City Council's Short Break 2015/16



Short Break Grant Application Form

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

Section 1: Do you qualify?

You may qualify for a grant if the one or more of the following applies to you. Please tick and complete **all** of the following that apply to you:

- a) I care for a severely disabled child who is receiving a **high rate** care component of Disability Living Allowance
(Please attach a **copy** of your DLA letter as evidence)
- b) I care for a severely disabled child who is receiving a **high rate** Mobility component of Disability Living Allowance
(Please attach a **copy** of your DLA letter as evidence)
- c) I received a grant last year and my additional information form submitted in 2014/2015 is less than 12 months old
- d) I currently 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:

.....

- e) None of the above apply and I am attaching the Additional Information Form completed by
(Please attach Additional Information Form, if it is not attached your form **cannot** be processed)

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).....	Child's first name
First Name.....	Child's surname
Surname	Date of Birth Age
Address	Please give details of your child's additional needs
.....
.....
Post code

Telephone	Mobile
Email (please print clearly)	
.....	
Are you happy to receive correspondence by email?	Yes/No

Please tell us the rate of DLA your child has been awarded:

Care Component

High (attach a **copy** of the DLA letter)

Middle

Low

Appealing decision

Mobility Component

High (attach a **copy** of the DLA letter)

Low

Appealing decision

Not in receipt of Disability Living Allowance
(Please enclose an Additional Information Form
completed by a professional who knows your family)

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.

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

On the next page you will be asked for information about how you intend to use the grant.

Please provide a **detailed accurate** breakdown (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)

Description	Expected cost	Proposed date

Section 5. Who do you think the grant will benefit and why?

Please tell us who the grant will be used for:

Parent carer

Disabled child

The whole family

Please tell us what benefits the short break/s described above will bring to you as a parent/carer

.....
.....
.....

Please tell us what benefits it will bring the whole family

.....
.....
.....

Section 6: Declaration

I declare that the information I have given on this form is correct.

Signature

Print name.....

Date

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.....

Submitting your application – Checklist

- | | |
|--|--------------------------|
| I have completed Section 1 | <input type="checkbox"/> |
| I have enclosed a copy of my child's DLA entitlement letter (If applicable) | <input type="checkbox"/> |
| I have attached an Additional Information Form completed and signed by a professional (if applicable) | <input type="checkbox"/> |
| I have signed the Additional Information Form (if applicable) | <input type="checkbox"/> |
| I have completed Section 2 | <input type="checkbox"/> |
| I have completed Section 3 | <input type="checkbox"/> |
| I have completed Section 4 | <input type="checkbox"/> |
| I have completed Section 5 | <input type="checkbox"/> |
| I have completed and signed Section 6 | <input type="checkbox"/> |
| I have completed and signed Section 7 | <input type="checkbox"/> |

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 29th January 2016** to:

**Sheffield City Council
Short Break Grant Scheme
Children, Young People and Families
Floor 6, North Wing
Moorfoot
Sheffield
S1 4PL**

Short Break Grant Additional Information Form

If you have ticked box (e) in Section 1 on the first page, please ask a professional who knows your family to provide additional, impartial information as detailed below.

Name of child		D.o.b/Age	
Address			
Child's diagnosis			
Summary of the family's current circumstances: <i>Please note it is most important that you are able to convey the impact of the child/young person's disability. For example:</i> <ul style="list-style-type: none">• <i>How does it impact on the family as a whole especially siblings?</i>• <i>Does the child have any night-time behaviours and/or disrupted sleep patterns?</i>• <i>Are there any family members with health concerns?</i>• <i>Are there any other additional pressures and strains on the family unit?</i>			
<i>Please use an additional sheet if necessary</i>			
Signature, job title and contact details of referrer:			
Name and signature of parent/carer:	<i>I give consent for the above information to be shared with members of the SBG Panel.</i>		

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