

Disability Access Fund (DAF) Declaration Form

Provider Name:

Child's Details (to be completed by the parent/carer with legal responsibility)

	First Name	Middle Name(s)	Last Name
Legal Name:			
Date of Birth:	___/___/___	Gender:	Male / Female

Disability Access Fund Declaration

Childcare aged over 9 months, Two, Three and Four year olds who are in receipt of child Disability Living Allowance and are receiving Free Early Years Entitlement (FEYE) funding are eligible for the DAF. DAF is payable as a lump sum of **£938.00** once a year per eligible child and is **payable to the provider**. You should discuss with your provider how they intend to use the DAF payment to support your child's needs.

Is your child eligible and in receipt of Disability Living Allowance (DLA)?	☐ Yes	☐ No
Is the FEYE split across more than one childcare provider?	☐ Yes**	☐ No
** If yes, you must nominate a main provider to receive the DAF payment for on behalf of your child		Name of nominated main provider:

Declaration (to be completed by the parent/carer with legal responsibility)

Please tick to show that you understand and agree with the following conditions of the entitlement to funding:

- ☐ I confirm that the information I have given on this form is complete and accurate. I will inform my provider if any of these details change.
- ☐ I understand that if I have given false information on this form, I may be asked to reimburse the provider.
- ☐ I understand that personal information on this form is held on a secure database by Halton Borough Council for the duration of the time that my child receives Free Early Years Entitlement funding and will be used only for Local Authority purposes.

Data Protection Act: Personal information on this form is treated in confidence and complies with the requirement of the Act.

Declaration: I confirm that the information I have provided above is accurate and true. I understand and agree to the conditions set out in this document and I authorise funding to be claimed, as agreed above, on behalf of my child.

Parent/Carer with legal responsibility	
Signed:	
Print Name:	
Date:	

Submission Procedure

Parent/carer with legal responsibility

- Complete this Declaration Form and hand into your Provider with the child's **original** DLA Award Letter

Provider

- Follow the process outlined in Section 5 of the Disability Access Fund Early Years Policy
- Email this form and a copy of the DLA letter to: DAFApplication@halton.gov.uk
- Ensure you write on the copy of the DLA letter 'I confirm that this is a true copy of the DLA Award Letter and I have seen the original.....(Signature and Date)'

