

How the child's illness or disability affects them.

THIS FORM IS A SAMPLE. REMEMBER NOT EVERY EXAMPLE WILL APPLY TO YOUR CHILD. GOOD LUCK

If you find it difficult to fill in section 2 do not worry. Phone on 0800 88 22 00 and we will help you. Help and advice on page 2 of the Notes about claiming Disability Living Allowance tells you how else we can help you.

Your answers in this section will help us to get a clear picture of how the child's illness or disability affects them. This will help us to decide if they can get Disability Living Allowance. Before you fill in this form, you may find it useful to have a look through the form to see what we need to know keep a record for a day or two of how the child's illness or disability affects them.

If there is not enough space on the form for your answers, you can write on a separate piece of paper and send it with the form. If you use extra pieces of paper, make sure we can tell which question you are answering.

Statement from a person who knows the child

We ask you for a statement from someone who knows how the child's illnesses or disabilities affect them. This is on page 26 of this form. Try to get this statement filled in. It will help us to deal with the claim quickly. But if you cannot get the statement filled in, do not worry - we will normally write to someone who can tell us about the child's illness or disability. But it may take longer to deal with the claim.

For people claiming under the *Special Rules*

Only fill in this form if you want to claim Disability Living Allowance for a child for help with getting around, otherwise please keep section 2 for future use. We do not need to know about the help that the child needs with personal care.

Fill in pages 1 to 4. Then go to page 25 and fill in this page.

About the child

Please fill in these details again, so that we can keep all the papers together.

The child's full name and address

NAME

Date of birth

____/____/____

Letters Numbers

Letter

Child reference number if you know it.

About the child - continued

Please tick all the boxes that apply to the child. Tell us if the child

is blind or partially sighted

Partially sighted means that they have problems with their eyesight even when wearing glasses or contact lenses.

has problems with hearing even with a hearing aid

has problems with speech or language which affects communication with other people

is both deaf and blind

To get help because of deafness and blindness the child must have a large amount of loss of hearing and sight. But they do not have to be totally deaf and blind.

has physical disabilities



was born without legs or feet or has had both legs amputated above or through the ankle

has a learning difficulty

has a mental health problem

has both a severe learning disability and severe behavioural problems

has a long term illness



About Disability Living Allowance for children

All children need some help or supervision. For a child to get Disability Living Allowance they must need more help or supervision than other children of the same age who do not have their illnesses or disabilities. Tell us in this form about the extra help the child needs. Tell us as much as you can about the ways the child's illnesses or disabilities affect them. The more you tell us, the easier it is for us to get a clear picture of the type of help the child needs. You can claim Disability Living Allowance for children as soon as they are born, but we cannot start to pay until they are 3 months old.

We know that illnesses or disabilities can affect people more on one day than another - they have good days and bad days. If the child you are claiming for has good days and bad days, try to tell us about the problems they have most of the time. If you are not sure if we need to know something, tell us anyway.

We know that some of the questions will be difficult to answer, especially for babies and very young children, but please try to tell us as much as you can.

Walking outdoors

By this we mean walking on reasonably level ground, not up or down hills or slopes. You can only get Disability Living Allowance for help with getting around at the higher rate if the child you are claiming for is 3 years old or over.

You cannot get Disability Living Allowance for help with getting around at the lower rate until the child is 5 years old or over.

Does the child have difficulties walking?

This may be because

- they cannot walk at all
- of an amputation

No

Go to Page 4.

- they were born with a deformity of the spine, legs or feet, or something like this
- of paralysis, weakness or stiffness

Yes



- walking makes them breathless or gives them pain or discomfort



- of a heart condition



- they refuse to walk.



Tell us about the difficulties they have with walking and about any equipment they use to help them.

Tell us here if there is anything about the way the child walks that causes difficulties. For example, if they have poor co-ordination, bad balance or a poor manner of walking. Tell us if the effort of walking might be dangerous for the child and why this might be. Equipment might be crutches, a walking stick or walking frame, an artificial leg, callipers, splints, a rolator, or something like this.

THE CHILD HAS DIFFICULTY IN WALKING ANY DISTANCE. HAS WEAKNESS IN LOWER LEG MUSCLES AND JOINTS. WALKING ON THE LEVEL GROUND CAUSES CHEST PAIN, HEADACHE AND BREATHLESSNESS.

CHILD BECOMES SWEATY AND SEVERLEY UNCOMFORTABLE WALKING ONLY A SHORT DISTANCE.

WHEN FEELING TIRED CHILD'S BALANCE IS POOR.

How many days a week does the child have these difficulties?

7

days a week

How far can the child walk before they have to stop because of severe discomfort?

For example, it may be too painful for them to go on, or they may need to stop and rest.

50

metres/yards

THIS VARIES FROM CHILD TO CHILD

How long does it take them to walk this far?

?

minutes

BE AS PRECISE AS YOU CAN

If the child needs someone with them when they are outdoors

Does the child need to have someone with them when they are outdoors in places they do not know well?

No

Go to Page 5.

For example, they may need someone to look after them because

Yes



- they are blind or partially sighted
- they are deaf or hearing impaired
- they might fall
- they have behavioural problems or a severe learning disability
- they may forget where they are going, or wander off
- they need a lot of encouragement to walk
- they might put themselves or other people in danger.

Remember - the child must need more help than a child of the same age who does not have their illness or disability.

Tell us why the child needs someone with them when they are outdoors in places they do not know well.

For example, they may be easily confused or taken advantage of.

Remember - if you need help filling in this form, or any part of it, phone on **0800 88 22 00**.

Someone keeping an eye on the child

All children need someone to keep an eye on them to make sure that they are safe. Answer the questions on this page if the child you are claiming for needs more supervision during the day or night than other children of the same age who do not have their illness or disability. By night we mean when the household has closed down at the end of the day.

Does the child need someone to keep an eye on them? No Go to Page 6.

For example, because they

- have no sense of danger and might hurt themselves or someone else
- might wander about
- have behavioural problems
- cannot hear or see or respond to danger signs
- need someone to monitor their medical condition or diet.

Yes 

Why the child needs someone with them.

During the day

TO BE AWARE OF CHANGES IN MEDICAL CONDITION. SIGNS OF HEART FAILURE. SWEATING, BREATHLESS, CYANOSIS (BLUENESS), VOMITTING.
TO ENSURE THE CORRECT MEDICINE IS TAKEN.
TO ENSURE HIGH CALORIE DIET IS TAKEN.
TO WATCH FOR FALLS AND BLEEDING IF ANTI COAGULATED.

Why the child needs someone awake with them.

During the night

TO CONTINUE TO MONITOR CONDITON OVER THE NIGHT.
NIGHTIME MEDICATION.
OVER NIGHT FEEDING.

DO YOU SET AN ALARM TO CHECK YOUR CHILD?

If the rest of the questions on this page are difficult to answer because of the child's condition, do not worry. You can tell us more about this later.

How many days a week does the child need someone with them?

7 days a week

How many nights a week does the child need someone to be awake with them?

_____ nights a week

How much of the day do they need someone with them?

COULD BE CONSTANT EACH CHILD VARIES

How much of the night does someone have to be awake with them?

HOW OFTEN DO YOU CHECK

Roughly how long do they need someone with them each time during the day? We know this may be difficult, but please try to tell us in minutes.

CONSTANT minutes

Roughly how long do they need someone awake with them each time during the night? We know this may be difficult, but please try to tell us in minutes.

VARIES minutes

About the child's development

We know that all children develop at different rates, but some illnesses or disabilities can have a marked effect on how a child develops. Tell us if the child you are claiming for has suffered a delay in their development.

Does the child have a delay in their development of physical or sensory skills?

For example,

- using their hands
- hearing or talking
- sitting, standing or walking.

Or something else.

No

Go to the next question under the thick green line

Yes 

Tell us about the help they need

If the next 2 questions are difficult to answer because of the child's condition, do not worry. You can tell us more about this later.

Roughly how many times a day does the child need help?

VARIES FROM CHILD TO CHILD times a day

Roughly how long does it take each time?

We know this may be difficult, but please try to tell us in minutes.

VARIES FROM CHILD TO CHILD minutes

Does the child have a delay in their development of learning skills?

For example

- understanding the world around them
- following instructions
- developing daily living skills.

Or something else.

No

Go to page 7

Yes 

Tell us about the help they need

**TIME AND ENCOURAGEMENT TO ACHIEVE TASKS.
HELP WITH SIMPLE DAY-TO-DAY JOBS BECAUSE OF LACK OF CO-ORDINATION.
FOLLOW INSTRUCTIONS OF DEVELOPMENTAL TEAM**

If the rest of the questions on this page are difficult to answer because of the child's condition, do not worry. You can tell us more about this later.

Roughly how many times a day does the child need help?

VARIES FROM CHILD TO CHILD Times a day

Roughly how long does it take each time?

We know this may be difficult, but please try to tell us in minutes.

VARIES FROM CHILD TO CHILD minutes

About the child's development - continued

Does the child have a delay in their development of social skills?

For example,

- interacting with others
 - communicating with others.
- Or something else.

No

Go to the next question under the thick green line

Yes

Tell us about the help they need

CHILD BECOMES WITHDRAWN, UNABLE TO INTERACT WITH PEERS AND/OR ADULTS. LACK OF CONCENTRATION. UNABLE TO KEEP UP WITH PEERS BECAUSE OF REDUCED PHYSICAL ABILITY

If the next 2 questions are difficult to answer because of the child's condition, do not worry. You can tell us more about this later.

Roughly how many times a day does the child need help?

VARIES times a day

Roughly how long does it take each time?

We know this may be difficult, but please try to tell us in minutes.

AS ABOVE minutes

Does someone need to help the child develop through play?

For example, encouraging

- age appropriate play
- stimulating play.

Or something else.

No

Go to page 8

Yes

Tell us about the help they need

PREPARATION FOR MEDICAL TREATMENT. HELP WITH LEARNING TASKS. SLOW AT TASKS SO NEEDS CARERS HELP.

If the rest of the questions on this page are difficult to answer because of the child's condition, do not worry. You can tell us more about this later.

Roughly how many times a day does the child need help?

VARIES times a day

Roughly how long does it take each time?

We know this may be difficult, but please try to tell us in minutes.

VARIES minutes

Waking, getting up and going to bed

Does the child have difficulties waking, getting up or going to bed?

No

For example, they may need help with things like

- getting into or out of bed
- settling in bed
- staying in bed.

Yes



Or help with something else.

Remember - the child must need more help than a child of the same age who does not have their illness or disability.

Does someone have to wake the child up, or tell or encourage them to get up or go to bed?

No

Yes



Tell us about the help the child needs to wake up or get up or go to bed. Tell us about any equipment the child uses and how it helps them.

ADDED DIFFICULTIES OF MANAGING TO MAINTAIN ROUTINE – CANNOT LEAVE A CARDIAC CHILD TO CRY THEMSELVES TO SLEEP. THESE CHILDREN BECOME LETHARGIC AND TIRED AND CAN BE DIFFICULT TO ROUSE. REGULAR NAPS ARE NECESSARY BECAUSE OF FATIGUE, CHILDREN OFTEN FIGHT SLEEP. IT IS VERY DIFFICULT FOR PARENTS TO HAND CARE OVER TO OTHER PEOPLE.

How many days a week does the child need this help?

7

days a week

How many times a day does the child need this help?

times a day

HOW MANY NAPS OR RESTS

Roughly how long does it take the child to get out of bed or into bed? We know this may be difficult, but please try to tell us in minutes.

Minutes

VARIES

Remember - if you need help filling in this form, or any part of it, phone on **0800 88 22 00**.

Washing and bathing

Does the child have difficulties washing, or having a bath or shower?

No

For example, they may need help with things like

- cleaning their teeth ✓
- washing their hair
- getting into or out of the bath or shower
- physical support
- coping with periods
- keeping safe. ✓

Yes ✓

Or help with something else.

Remember - the child must need more help than a child of the same age who does not have their illness or disability.

Does someone have to tell or encourage the child to wash or have a bath or shower?

No

Yes ✓

Tell us about the help or encouragement the child needs washing or having a bath or shower. If they have bed baths, tell us about this here. Tell us about any equipment the child uses and how it helps them.

TEETH CLEANING IS ESSENTIAL BECAUSE OF THE RISK OF DENTAL DECAY INFECTING THE HEART, SUBACUTE BACTERIAL ENDOCARDITIS.
CHILDREN ON DIURETICS SUFFER WITH URGENCY AND MAY HAVE ACCIDENTS REQUIRING BATHS AND CLEAN SHEETS – NEED GOOD SKIN CARE.
CARE OVER BATHING BECAUSE CHILDREN GET COLD.

How many days a week does the child need this help?

7 days a week

How many times a day does the child need help with washing or having a bath or shower?

times a day HOW MANY DOES YOUR CHILD NEED

Roughly how long does the child take to have a bath or shower?
We know this may be difficult, but please try to tell us in minutes.

Minutes VARIES

Getting dressed or undressed

Does the child have difficulties getting dressed or undressed?
For example, they may

No

- need someone to help them, or it may take a long time ✓
 - have poor co-ordination
 - have no control over their arms or legs
 - not be able to judge appropriate clothes.
- Or they may need help with something else.

Yes ✓

Remember - the child must need more help than a child of the same age who does not have their illness or disability.

Does someone have to tell or encourage the child to get dressed or undressed?

No

Yes ✓

Tell us about the help or encouragement the child needs getting dressed or undressed. Tell us about any equipment the child uses and how it helps them.

THE CHILDREN OFTEN LACK CO-ORDINATION AND HAVE UNDER DEVELOPED FINE MOTOR SKILLS (FIDDLY TASKS, LIKE BUTTONS).

THEY ARE OFTEN TIRED AND NEED GREAT ENCOURAGEMENT.

SOME CHILDREN HAVE PROBLEMS WITH CONCENTRATION WHICH MEANS THEY FORGET THEIR TASK.

LOTS OF TIME AND EFFORT NEEDED TO HELP CHILDREN REACH INDEPENDENCE.

How many days a week does the child need this help?

7 days a week

How many times a day does the child need this help?

times a day **VARIES FROM CHILD TO CHILD**

Roughly how long does it take the child to get dressed or undressed?
We know this may be difficult, but please try to tell us in minutes.

minutes

Remember - if you need help filling in this form, or any part of it, phone on **0800 88 22 00**.

Help with toilet needs

We know these are very personal questions, but this information will help us to decide about the child's claim.

Does the child have difficulties coping with their toilet needs?

For example,

- getting to the toilet and using the toilet ✓
- using something like a nappy, commode, bedpan or bottle instead of the toilet ✓
- using or changing incontinence aids
- catheterisation or bladder expression
- using enemas or suppositories.

No

Yes



Does someone have to tell or encourage the child to attend to their toilet needs?

No

Yes



Tell us about the help or encouragement the child needs and any equipment they use. During the day

DIURETICS CAN CAUSE URGENCY. LEADS TO ACCIDENTS WHEN TRYING TO REACH THE TOILET.
DELAYS POTTY TRAINING.
LACK OF CONFIDENCE WITH PEERS.
LOTS OF NAPPY CHANGES.
CARE OF SKIN

Tell us about the help or encouragement the child needs and any equipment they use. During the night

WET BEDS – NIGHTTIME TOILETING
UNSETTLED SLEEP
LACK OF CONFIDENCE WITH PEERS

How many days a week does the child need this help?

7

days a week

How many nights a week does the child need this help?

7

nights a week

How many times a day does the child need this help?

times a day VARIES

How many times a night does the child need this help?

times a night VARIES

Roughly how long does it take each time? We know this may be difficult, but please try to tell us in minutes.

minutes

Roughly how long does it take each time? We know this may be difficult, but please try to tell us in minutes.

minutes

Communicating with other people

Does the child need help understanding other people?

For example, they need someone to

- help with lip reading
- explain what people mean
- interpret sign language.

No

Go to the next question under the thick green line.

Yes 

Tell us about this.

Tell us about the child's difficulties understanding other people. Tell us about anything the child needs to help them understand other people, and how useful this is. Tell us if they need to have physical contact or some other sign to attract their attention.

NOT USUALLY THE CASE UNLESS SPEECH/HEARING IS IMPAIRED

If the next 2 questions are difficult to answer because of the child's condition, do not worry. You can tell us more about this later.

How many times a day do they need someone to help them understand other people?

times a day

Roughly how long does it take each time?

We know this may be difficult, but please try to tell us in minutes.

minutes

Does the child need help being understood

by other people?

For example,

- because of a language disorder or a physical speech problem
- someone has to interpret the child's language, signs or gestures.



Go to Page 13.

Tell us about this.

Tell us about the child's difficulties being understood by other people. Tell us about any equipment the child uses to help them, and how useful this is.

If the rest of the questions on this page are difficult to answer because of the child's condition, do not worry. You can tell us more about this later.

How many times a day do they need help to make themselves understood by other people?

times a day

Roughly how long does it take each time?

We know this may be difficult, but please try to tell us in minutes.

minutes

Communicating with other people - continued

Is the child unwilling to communicate with other people?

No

Go to Page 14.

Yes

For example, because of

- difficult or withdrawn behaviour
- frustration or stress
- a communication disorder.



Tell us about this.

Or something like this.

Tell us about the encouragement the child needs to help them communicate with other people. Tell us about any equipment the child uses to help them and how useful this is.

CHILDREN CAN BECOME WITHDRAWN FOLLOWING REPEATED HOSPITAL VISITS OR TREATMENT.

LACK OF TRUST IN ADULTS

If the rest of the questions on this page are difficult to answer because of the child's condition, do not worry. You can tell us more about this later.

How many times a day do they need help to communicate with other people?

times a day **VARIES**

Roughly how long does it take each time?

We know this may be difficult, but please try to tell us in minutes.

minutes

Remember - if you need help filling in this form, or any part of it, phone on **0800 88 22 00**.

Eating and drinking

Does the child have difficulties eating or drinking?

No

For example, they need help

- cutting up food or being fed
- with a specialised feeding method.

Or with something else.

Yes 

Does someone have to tell or encourage the child to eat or drink?

No

Yes 

Tell us about the help or encouragement the child needs, and any equipment they use.

During the day

CHILDREN NEED HIGH LEVELS OF ENERGY TO RUN THEIR HEARTS, THEREFORE THEY NEED HIGH CALORIE CONTENT IN FOOD. LOW APPETITE BECAUSE OF LACK OF ENERGY. THIS LEADS TO NASOGASTRIC FEEDING. HIGH CALORIE FOOD. LITTLE AND OFTEN. VERY TIME AND PATIENCE CONSUMING. SOME CHILDREN ARE ON AN MCT DIET FOR PROTEIN LOSING ENTEROPATHY

Tell us about the help or encouragement the child needs, and any equipment they use.

During the night

OVERNIGHT FEEDING MAY BE NECESSARY FOR SOME YEARS TO MAINTAIN WEIGHT GAIN. CHILDREN OFTEN WAKE FOR MILK OR FOOD WHICH MAKES NIGHTIME ROUTINE VERY DIFFICULT

How many days a week does the child need this help?

7 days a week

How many nights a week does the child need this help?

7 nights a week

How many times a day does the child need this help?

VARIES times a day

How many times a night does the child need this help?

VARIES times a night

Roughly how long does it take each time? We know this may be difficult, but please try to tell us in minutes.

minutes

Roughly how long does it take each time? We know this may be difficult, but please try to tell us in minutes.

minutes

Help with medication

Does the child need help with medication?

For example,

- taking tablets or medicines
- having injections
- using an inhaler or nebuliser
- applying creams
- they do not co-operate with their treatment.

No

Go to Page 16.

Yes



Tell us about this.

Tell us about the help or encouragement the child needs with medication.

During the day

LIST MEDICATIONS
TIMES TAKEN – DOSAGE
HOW DOES THE CHILD COPE
WITHOUT MEDICATION.
DO THEY VOMIT
NASOGASTRIC MEDICATION
O₂ THERAPY

Tell us about the help or encouragement the child needs with medication.

During the night

LIST MEDICATIONS GIVEN AFTER
THE HOUSEHOLD GOES TO BED.
IS IT DIFFICULT TO RESETTLE THE
CHILD IF MEDICATIONS HAVE BEEN
GIVEN.

How many days a week does the child need this help?

7 days a week

How many times a day does the child need this help?

AS DOSAGE times a day

Roughly how long does it take each time?
We know this may be difficult, but please try to tell us in minutes.

minutes

How many nights a week does the child need this help?

7 nights a week

How many times a night does the child need this help?

AS DOSAGE times a night

Roughly how long does it take each time?
We know this may be difficult, but please try to tell us in minutes.

minutes

Help with therapy

Does the child need help with therapy?
Therapy may be done by a therapist or by someone else. It may be at home or somewhere else. It may involve exercises, routines or methods designed to help the child develop. For example,

- physiotherapy
- speech therapy
- play therapy.

Or something else.

Tell us about the help or encouragement the child needs with therapy.

During the day

PLAY THERAPY – TO HELP DEVELOPMENT – PORTAGE
PHYSIOTHERAPY – TO HELP WITH CHEST PROBLEMS OR MUSCLE WEAKNESS.
PSYCHOTHERAPY – HOSPITAL OR NEEDLE PHOBIA
TIME TAKEN BY PARENTS TO CONTINUE PRESCRIBED THERAPY

How many days a week does the child need this help?

7 days a week

How many times a day does the child need this help?

VARIES times a day

Roughly how long does it take each time?
We know this may be difficult, but please try to tell us in minutes.

minutes

No Go to Page 17.

Yes **✓** Tell us about this.

Tell us about the help or encouragement the child needs with therapy.

During the night

PHYSIOTHERAPY TO HELP WITH CHEST PROBLEMS OR MUSCLE WEAKNESS.
TIME TAKEN BY PARENTS TO CONTINUE WITH PRESCRIBED THERAPY

How many nights a week does the child need this help?

nights a week

How many times a night does the child need this help?

VARIES times a night

Roughly how long does it take each time?
We know this may be difficult, but please try to tell us in minutes.

minutes

Help with medical equipment

Does the child need help with medical equipment?

For example,

- colostomy or catheter care
- tracheostomy care
- using splints, gaiters or special clothing.

Or something else.

Tell us about the help or encouragement the child needs with medical equipment.

During the day

**NASOGASTRIC FEEDING
CARE NEEDED**

**OXYGEN THERAPY
CARE NEEDED**

**HOME BLOOD TESTING
(INR)
CARE NEEDED**

How many days a week does the child need this help?

7 days a week

How many times a day does the child need this help?

VARIES times a day

Roughly how long does it take each time?
We know this may be difficult, but please try to tell us in minutes.

minutes

No

Go to Page 18.

Yes



Tell us about this.

Tell us about the help or encouragement the child needs with medical equipment.

During the night

**NASOGASTRIC FEEDING
CARE NEEDED**

**OXYGEN THERAPY
CARE NEEDED**

**HOME BLOOD TESTING
(INR)
CARE NEEDED**

How many nights a week does the child need this help?

7 nights a week

How many times a night does the child need this help?

VARIES times a day

Roughly how long does it take each time?
We know this may be difficult, but please try to tell us in minutes.

minutes

Blackouts, fits, seizures or something like this

Does the child have blackouts, fits, seizures or something like this?

No

Go to Page 19.

For example, because of

- epilepsy
- diabetes.

Yes

Tell us about this.

Cyanotic Spells - Bleeding

Tell us what happens.

We need to know

- what happens before they have a blackout, fit or seizure
- if they get any warning of what is going to happen
- what happens during the fit or seizure
- if they lose consciousness or if their limbs shake, or if they bite their tongue or are incontinent
- what happens after a fit or seizure, if they need to sleep or if they are confused. Tell us anything that will help us get a clear picture of what happens to the child if they have a blackout, fit or seizure.

Tell us about the help the child needs.

Tell us about the help the child needs.

During the day

During the night

NEEDS OBSERVATION

NEEDS OBSERVATION

Increased Heart Failure

Breathless

Sweaty

Cyanosed

This would need swift medical treatment

Increased Heart Failure

Breathless

Sweaty

Cyanosed

This would need swift medical treatment

Bleeding due to fall or cut when on anticoagulation e.g. Warfarin

Swift response required

Bleeding due to fall or cut when on anticoagulation e.g. Warfarin

Swift response required

Tell us roughly how often this happens.

Tell us roughly how often this happens.

7

7

Roughly how long does the child need help each time?

We know this may be difficult, but please try to tell us in minutes

Roughly how long does the child need help each time?

We know this may be difficult, but please try to tell us in minutes.

VARIES minutes

VARIES minutes

The child's mental health

Does the child have difficulties because of the way they feel?

No

Go to Page 20.

For example, they may sometimes

- get anxious or panicky ✓
 - get upset or frustrated ✓
 - feel someone may harm them
 - try to harm themselves
 - be verbally or physically aggressive
 - try to damage things
 - be impulsive or destructive
 - feel they cannot cope with even the slightest change to their daily routine. ✓
- Or something else.

Yes

✓

Tell us about this.

Tell us about the help the child needs and the things the child does because of their mental health problems.

LIVING WITH MANY CHANGES, FOR EXAMPLE, HOSPITAL TREATMENT CAN LEAVE CHILDREN UNSURE AND EASILY DISTRESSED. THEY DEVELOP HOSPITAL TREATMENT/NEEDLE PHOBIAS. SCHOOLING CAN BE DISTURBED WHICH CAN LEAD TO FEAR OF PEERS OR TEACHERS. LOTS OF CARE AND ATTENTION IS NEEDED TO COMBAT THESE PROBLEMS. DISCUSS TREATMENT OR CARE PLANNED TO HELP SOLVE THESE PROBLEMS.

Tell us roughly how often this happens, and how long the child needs help when it happens.

IT VARIES

Remember - if you need help filling in this form, or any part of it, phone on **0800 88 22 00**.

Movement and co-ordination

Does the child have difficulties with movement and co-ordination?

No

Go to the next question under The thick green line.

For example, they

- cannot move at all
- suffer pain when they move
- may injure themselves if they move
- cannot co-ordinate movements of their arms or legs.

Yes



Tell us about this.

Possible

Or something else.

Tell us about the help the child needs with movement and co-ordination.

WHEN CHILDREN ARE IN GROSS HEART FAILURE – BREATHLESS ON WALKING AND UNABLE TO WALK WELL. THEY CAN SUFFER WITH LEG PAINS DURING THE NIGHT DUE TO POOR CIRCULATION. LACK BALANCE AND CO-ORDINATION

Moving about indoors

Does the child have difficulties moving about indoors?

No

For example, with things like

- getting out of a chair
- walking around indoors **✓ Within School**
- going up or down stairs **✓**
- using a wheelchair or Major Buggy
- *transferring from a wheelchair or Major Buggy
- having to be carried.

Yes



Possible

Remember - the child must need more help than a child of the same age who does not have their illness or disability.

Does someone have to tell or encourage the child to move about indoors?

No

Possible

Yes

Tell us about any help or encouragement the child needs moving about indoors. Tell us about any ways the child's home has been adapted, or about any equipment they use to help them move about indoors. This could be a wheelchair, a frame, a stairlift, or something like this.

OFTEN UNABLE TO CLIMB STAIRS
MOVE BETWEEN CLASSROOMS
EXPLAIN YOUR CHILD'S NEEDS

When the child is in bed at night

By night we mean when the household has closed down at the end of the day.

Does the child need help when they are in bed at night?

No

Go to Page 22.

For example, they may need help with things like

Yes



Tell us about this

- changing sheets or nightclothes
 - getting bedclothes back on the bed if they fall off
 - turning over
 - resettling to sleep after waking because of night terrors or irregular sleep patterns
 - getting back into bed after falling out
 - * settling and staying in bed.
- Or something else.

Remember - the child must need more help than a child of the same age who does not have their illness or disability.

Tell us about any help the child needs when they are in bed at night.

PROBLEMS WITH WETTING THE BED.
THE NEED FOR NIGHT FEEDS OR DRINKS.
BECOME COLD DURING THE NIGHT BECAUSE OF POOR CIRCULATION.
CRAMP LIKE PAINS CAN WAKE THE CHILD.
NIGHT TIME MEDICATIONS OR TREATMENTS.

EXPLAIN YOUR CHILD'S NEEDS

How many nights a week does the child need help? nights a week

7

nights a week

How many times a night does the child need help?

7

times a night

Roughly how long does it take each time?

We know this may be difficult, but please try to tell us in minutes.

minutes

Help the child needs when they go out during the day or in the evening

Please tell us in this part about the help the child needs from another person at home or when they go out. For example, this can be help with things like social and religious activities, interests and hobbies.

Remember- they can be helped in lots of different ways. Someone speaking to them can count as help if they

- tell them or encourage them to do things
- tell them how to do things
- tell them if there is danger.

WRITE YOUR THOUGHTS ABOUT CARE NEEDS

Even someone reading to them or helping them to communicate with other people can count as help. For example, they may need someone to interpret their sign language for other people. Or they may only be able to make themselves understood to someone who knows them well, who needs to interpret what they are saying for other people.

You should tell us about the help they need even if they do not actually get that help.

We want you to tell us about each of the different things they usually do or would do if they had the help they need. Use a separate box to tell us about each thing.

We have given you 6 sets of boxes:

- 3 boxes for 3 different things when they go out, and
- 3 boxes for 3 different things at home

You do not have to fill in every set unless you need to tell us about 6 different things. If you want to tell us about more than 6 things, use a separate sheet of paper and send it to us with this form.

What they do or would do if they had the help they need

What they do or would do if they had the help they need

When they go out during the day or evening

At home

How many days a week?

How many times a day?

How many days a week?

How many times a day?

days a week

times a day

days a week

times a day

How long do they usually need help for each time?

How long do they usually need help for each time?

What help do they need from another person?

What help do they need from another person?

Remember - if you need help filling in any part of this form, phone **0800 88 22 00**.

Help the child needs when they go out during the day or in the evening - continued

What they do or would do if they had the help they need

When they go out during the day or evening

What they do or would do if they had the help they need

At home

How many days a week?

days a week

How many times a day?

times a day

How many days a week?

days a week

How many times a day?

times a day

How long do they usually need help for each time?

How long do they usually need help for each time?

What help do they need from another person?

What help do they need from another person?

What they do or would do if they had the help they need

When they go out during the day or evening

What they do or would do if they had the help they need

At home

How many days a week?

days a week

How many times a day?

times a day

How many days a week?

days a week

How many times a day?

times a day

How long do they usually need help for each time?

How long do they usually need help for each time?

What help do they need from another person?

What help do they need from another person?

Anything else about the way the child is affected by their illnesses or disabilities

Tell us about any ways that the child's illnesses or disabilities affect them that you have not been able to put anywhere else on this form.

For example, the child may need special help at school or nursery. Or there may be places on this form where the questions have been difficult to answer, and you want to tell us more about the help the child needs. Or you may want to tell us if the child's condition changes from day to day, which means that the amount of help they need varies.

Tell us anything that you think will help us get a picture of how the child is affected by their illnesses or disabilities.

PAINT A PICTURE OF YOUR CHILD'S NEEDS.
THEIR DIAGNOSIS, TREATMENTS AND LIFESTYLE.
HOW DOES THEIR CONDITION AFFECT THE FAMILY, SCHOOL, FRIENDS.
HOW OFTEN ARE THEY IN HOSPITAL.
INCLUDE THE DIARY.

About the child's condition

Tell us when the child started to have the problems you have told us about.

If the problems with getting around and with personal care started on different dates, tell us about this. Tell us the exact dates if you can. But if you cannot remember, tell us roughly when this was.

Do you think the child will have the difficulties you have told us about for the next 6 months or longer?

No

Tick one of these boxes.

Yes

Declaration

Please sign this form here.

Even if you have already signed section 1, still sign this form here.

The information I have given about the way the child's illnesses or disabilities affect them is correct and complete.

Warning - to knowingly give false information may result in prosecution.

Signature

Date

What to do now

Get the statement on the next page filled in if you can. It will help us deal with the claim quickly. If you cannot get the statement filled in, do not worry. We will normally write to the child's doctor or to someone else who can tell us about their illness or disability. But it may take longer to deal with the claim.

Please turn over

Statement from a person who knows the child

People who can fill in this statement

This statement will help us deal with the claim quickly.

Please ask a person who knows how the child's illnesses or disabilities affect them to fill in this statement. This could be someone else who looks after the child, a carer, a relative, a friend, a social worker, a community psychiatric nurse, a teacher, a therapist, a nurse, a doctor or specialist, or anyone who knows the child well.

Notes for people filling in this statement

Please fill in this statement straight away and give the form back to the person who asked you to fill it in. Please fill it in from your own knowledge - you do not need to look at their answers on this form.

Please fill in the name and address of address. the child this form is about.

Please fill in your own name and

Child's name

Your full name

Child's address

Your address

Postcode

Postcode

Tell us when you last saw the child

Your phone number

Code

Number

Please tell us what their illnesses and disabilities are, and how they are affected by them.

ASK YOUR CARDIOLOGIST TO COMPLETE THIS PART OF THE FORM

Your signature

Date