##

## **Sheffield City Council**

**SHORT BREAK GRANT**

**APPLICATION FORM 2024/25**

| Sheffield City CouncilShort Break GRant Application FORM 2024/25 |
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| **DO NOT COMPLETE THIS FORM UnlESS YOU HAVE COMPLETED THE HOUSEHOLD INCOME ASSESMENT AND received YOUR CONFIRMATION LETTER**  |
| **information of child you are Applying for** |
| Title: |
| First Name(s): |  | Surname: |  |
| Full address: |
| Post Code: |  | DOB: |  |
| Diagnosed Disability: **Please send proof of your child’s disability. This must be a professional document.**  |
| **MAIN parent/carer infORmation** |
| Title: |
| First name(s): |  | Surname: |  |
| Full address (if different to the above): |
| Postcode: |  | DOB: |  |
| Telephone number(s): |  | Email address: |  |
| Preferred method of contact: | Email  |  | Letter |  |
| **Details of ALL household members- please use a separate page if needed** |
| Name | Age (if under 18) | Disability (if appropriate) | Relationship to child/young person |
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| **all applicants need to complete all the questions below:** |
| Does your child live with you on a full or permanent basis?If No please give details: |  |
| I have been living in the UK for the last 6 months | Yes  |  | No |  |
| If no please give details: |
| I am a British or EU citizen: | Yes  |  | No |  |
| If you are not a British or EU citizen, do you have current legal residency in the UK and have resource to public funds? | YesIf answered yes, please send confirmation of your residential status with this application |  | No |  |
| National Insurance number: |  |
| Will we need an interpreter to talk to you about your application? | Yes |  | No |  |
| If Yes, please tell us what language:  |
| **ELIGIBILITY** |
| **Please tick *all* of the following that apply to you:** |
| I have completed the **household income assessment** and enclose a copy of the confirmation letter/email |  |
| I have provided evidence of my child’s disability |  |
| I care for a child/young person with a disability who will be under 18 years of age when we will use the Short Break Grant |  |
| My child receives a high-rate component of Disability Living Allowance (DLA)and I have enclosed a copy of the award letter  |  |
| My young person receives an enhanced rate component of Personal Independence Payment (PIP) and I have enclosed a copy of the award letter |  |
| I received a Short Break Grant within the last 12 months using an ‘Additional Information Form’ |  |
| I do not receive any other Short Break or respite service or a Direct Payment |  |
| **Child or young person’s needs** |
| Does your child have care needs relating to Personal Care?Please give details: |  |
| Behaviours at home, school and out and about.Tell us how your child’s condition impacts on them: |  |
| Does your child access any social and leisure activities? If yes, please describe the activitiesIf no, what prevents your child accessing social and leisure actives?  |  |
| **please tick any current treatment or therapy your child is receiving or has been reffered for in the last 6 months.** |
| Physiotherapy |  | CAMHS |  | None |  |
| Occupational therapy |  | Audiology/Ophthalmology |  | Other- please state |  |
| Speech, language therapy |  | Chemotherapy/Radiotherapy  |  |  |
| Psychologist/Psychiatrist |  | Pediatrician/Consultant |  |
| **Equipment used** |
| Wheelchair |  | Hearing Aid(s) |  | Other- please state |
| Walking frame |  | Cochlear implant |  |  |
| Oxygen |  | Specialist Communication  |  |
| **Does your child receive any respite or short break provision from Sheffield city council?** |
| YesPlease describe: |  | No |  |
| **TELL US HOW AND WHEN YOU INTEND TO USE THE SHORT BREAK GRANT.** |
| **Please provide as detailed and accurate a description as possible of:*** What you intend to use the grant for
* How much you expect it will cost
* Approximately when you intend to use the grant
* The activity/break or item that you are going to buy (e.g. the cost of tickets, accommodation, travel, entertainment, gym membership, garden toy etc.)

**Please remember you must be able to provide evidence of how and when you have spent the grant.**

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| **Description** | **Expected Cost** | **Proposed date** |
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The total amount you are applying for (**up to a maximum of £400**)  |

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| **TELL US HOW A SHORT BREAK GRANT WILL HELP YOU AND WHAT DIFFERENCE IT WILL MAKE TO YOU AND YOUR FAMILY.** |
| Please tell us who the grant will be used for: |
| Parent/Carer |  | Disabled child |  | The Whole family |  |
| **Please tell us how you, as a parent/carer, will be helped by having a Short Break Grant:** |
| **Please use the space below to tell us how a Short Break Grant will help the whole family:** |
| **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 all other documents supplied to support my application to be shared with the members of the Short Break Grant Panel. |
| **Signature** |  |
| **Print Name** |  | **Date** |  |
| **Return this form as soon as possible to: Short Break Grant Scheme, Peoples’ Service, Level 6, North Wing, Moorfoot, Sheffield S1 4PL or email it to** CYPF\_ShortBreakGrants@sheffield.gov.uk **Read our Privacy Notice for more information on how we keep, share and use the information you provide us and your privacy rights.** [Privacy notice | Sheffield City Council](https://www.sheffield.gov.uk/utilities/footer-links/privacy-notice) |
| **REQUEST FOR PAYMENT INTO A BANK ACCOUNT** |
| \*Please note we are unable to pay funds into a Post Office Account

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

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| --- | --- |
| 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** |
| If you do not receive High-Rate Disability Living Allowance or Enhanced Rate Personal Independence Payment, you may still be eligible if you complete and return this form.**This must be completed by a relevant professional who knows and has worked with your child, knows your family circumstances and can provide evidence of how your child’s disability has an effect on you and your family.** |
| Child’s Name |  | DOB |  |
| Child’s diagnosis or disability |  |
| Please say how you know the child and the family |  |
| Please describe how the child’s disability **impacts** upon their daily life. Please include details of any support needs that the child has. |
| Please say if you are aware if there are any siblings and whether they have any caring responsibilities. |
| Please describe how you feel the child/young person’s disability impacts on family life e.g., demands on parents’ attention, limits to family activities? |
| Please say if you are aware if the child/young person have any night-time behaviours or disrupted sleep patterns. |
| Please say if you are aware of any other additional strains or pressures on the family |
| Your Job Title |  | Your Name |  |
| Your Signature |  | Date |  |