## 

## **Sheffield City Council**

**SHORT BREAK GRANT**

**APPLICATION FORM 2025/26**

| Sheffield City CouncilShort Break GRant Application FORM 2025/26 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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. (DLA and EHCP documents will not be accepted)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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? | | | | | | | | Yes  If 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 activities  If 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?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes  Please 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.**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | **Description** | **Expected Cost** | **Proposed date** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   The total amount you are applying for (**up to a maximum of £400**)  **Are you using the grant for a holiday? If so, please be aware of penalty fines relating to school attendance in Sheffield. More details can be found on The Sheffield Directory**  [School Attendance | Sheffield (sheffielddirectory.org.uk)](https://www.sheffielddirectory.org.uk/children-young-people-and-families-information-advice/younger-children-advice-and-information/school-attendance/#:~:text=Penalty%20Notice%20Fines%20will%20now,parent%20receiving%203%20separate%20fines.&text=Penalty%20Notice%20Fines%20will%20be,5%20or%20more%20consecutive%20days.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 3, North Wing, Moorfoot, Sheffield S1 4PL or email it to** [CYPF\_ShortBreakGrants@sheffield.gov.uk](mailto: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   |  |  | | --- | --- | | 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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 impacts on you and your family.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Child’s Name | | | | | | | | | |  | | | | | | | | | | | | | | | | | DOB | | | | | | | |  | | | | | | | |
| Child’s diagnosed 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 has 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 | | | | | | |  | | | | | | | | | | | | | | | | | | | | |