##

## **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? | 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**) **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.) |

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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 3, 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 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 |  |