**Disability Access Fund Declaration**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Child’s name:** | |  | | | | | |
| **Is your child eligible and in receipt of Disability Living Allowance (DLA)?** | | | | | Yes No *(Please attach copy of DLA letter)* | | |
| **If your child is splitting their free entitlement across two or more providers please nominate the main setting where the local authority should pay the DAF** | | | | | | | |
| Setting Name |  | | | | Address  Postcode | |  |
| **PARENTAL /GUARDIAN DECLARATION**  I (Name) ...........................................................................of (Address) ............................................................................................................................................  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 (Name of provider) ................................................................................................. to claim free entitlement funding as agreed above on behalf of my child.  In addition, I also agree that the information I have provided can be shared with the local authority and Department for Education, who will access information from other government departments to confirm my child’s eligibility and enable this provider to claim Disability Access Fund (DAF) on behalf of my child.  I understand and agree that this information will be used by the local authority to confirm receipt of Disability Living allowance. The local authority may do this by checking benefit data provided by Department of Work and Pensions (DWP). | | | | | | | | |
| Parent/Guardian | | | | Early Years Provider | | | | |
| Signed | | |  | Signed | |  | | |
| Print name | | |  | Print name | |  | | |
| Date | | |  | Date | |  | | |