

2020-21 CHILDCARE PROVIDER APPLICATION FORM - DISABILITY ACCESS FUND

NAME OF SCHOOL / SETTING	
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Providers and Parents please complete the form below in order to claim the Disability Access Fund for children entitled to Disability Living Allowance

NAME OF CHILD	DLA Reference Number	PARENT NAME	COPY OF DISABILITY LIVING ALLOWANCE AWARD NOTIFICATION ATTACHED

Setting Declaration : I confirm that I have checked the Disability Living Allowance entitlement of the above children and that the parents agree for the sum of £615 to be paid to this setting. Parental Application Forms will be retained on site for future audit purposes.

NAME OF MANAGER (Authorised Signatory)	
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Signature	
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Date	
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