



Housing Benefit: Application for an Extra Room Allowance for a Disabled Child

This form should be completed by a person who;

- rents their home and is considered to have more bedrooms than they need; and
- has a child with a disability or condition, who cannot reasonably be expected to share a bedroom with another child who lives at the property.

Please read the guidance notes at the end of this form.

Claimant's Name: _____

Case Reference: _____

Address: _____

Part A – about your child who has a disability or condition

Name of disabled child: _____

Their d.o.b: _____

What date do you wish to apply for the additional room allowance from: _____

What is the name of their disability or diagnosis / condition: _____

What is the date of diagnosis (if applicable): _____

Please give details of how your child's disability or condition affects them overnight, including reasons why it would be unreasonable for them to share a bedroom with another child.

Do you receive Disability Living Allowance for your child? Yes / No

If 'Yes', please confirm which rates and components they receive:

Care component at the Highest* / Middle* / Lowest* rate (*delete as appropriate)

Mobility component at the High* / Low* rate (*delete as appropriate)

Please note that if your child does not receive the highest rate of the care component of Disability Living Allowance, you will need to provide documentary evidence, including medical evidence, of your child's disability and the night time needs that arise out of that disability.

Please give details of any specific equipment that your child requires in their bedroom overnight as a result of their disability or condition

Part B – About a typical week for your disabled child

Please answer all of the following questions based on a “typical week”

How many nights would your child be awake at some point during the night as a result of their disability?

_____ nights per week

How long would they be awake for on average? _____

How many times per night are they up? _____ times a night

Do you or your partner have to get up during the night when your child is awake to provide care, support or to supervise your child? Yes / No

If yes, please answer the following:

How many nights per week would you be up with your child during the night? _____

How many times during those nights (on average)? _____

How long would you be providing care, support or supervision to your child? _____

Please give details of the nature of the care, support or supervision that you give to your child during these night time episodes.

Part C – Additional information and declaration

Please provide any additional information you feel is relevant in support of your application in the space below

If you do not have enough space on this form and are attaching additional sheets of paper, please state how many additional sheets you have attached with this application: _____

Declaration (to be signed by the claimant)

- The information I have provided in this form is correct and accurate to the best of my knowledge.
- I understand that a visit to my property may be required to determine the correct level of Housing Benefit I am entitled to.

Signed: _____

Date: _____

Print name: _____

Daytime telephone number: _____

If form has been filled in by someone else, on the claimant's behalf, please complete the following:

Name of person who has filled in the form: _____

Relationship to the claimant _____

Signature: _____

Date: _____

Please return this completed form directly to Sefton Council. PO Box 21, Bootle, L20 3US

Guidance notes

This form should be used by Housing Benefit claimants who:

- have a disabled child; and
- it is unreasonable for them to share a bedroom with another child, who they would otherwise have to share with, in accordance with the rules stipulated below

When calculating the number of bedrooms a person requires for Housing Benefit purposes, one bedroom is allowed for each of the following: -

- a single claimant or any adult couple
- any two children aged under 10
- any two children of the same sex aged 15 or under
- any other adult aged 16 or over
- any other child
- a non resident carer*

*A bedroom is allowed for a carer, who lives elsewhere and stays overnight on a regular and frequent basis to look after you or your partner, provided there is a 'spare' bedroom available for them to use

An additional bedroom can be allowed where, by applying the above rules: -

- it would result in a disabled child having to share a bedroom with another child; and
- the non-disabled child would suffer sleep disturbance arising out of the disabled child's disability or care needs; and
- as such it would be unreasonable to expect them to share a bedroom.

There must be the bedroom available for the disabled child to use.

When completing this form, if you feel that any of the questions are not appropriate to your situation, then please answer with "not applicable" or "n/a"