# **Disability Access Fund Declaration**

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| Disability Access Fund (DAF) is available for children aged 9 Months to 4 years old who have been awarded Disability Living Allowance and are accessing an Early Years setting. The funding is to enable additional or different resources and support to be in place in order for them to access their Early Years Entitlement.  Who is eligible?  The child will be eligible for DAF if they meet the following criteria:   * The child is in receipt of child disability living allowance (DLA).   And the child receives one of the following:   * the universal 15 hours entitlement for 3 and 4-year-olds   or   * the 15 hours entitlement for children aged 2 years of working parents or disadvantaged families.   or   * the 15 hours entitlement for children aged 9 months to 2 years of working parents |

DAF is paid to the child's early years setting as a fixed annual rate of £910 per eligible child.

**The provider will need to attach a copy of the awarding letter to this declaration form to claim the funding which will be used to support your child.**

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| **Name of child** | **Date of birth** |

**Is your child eligible and in receipt of Disability Living Allowance (DLA)?**

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| **No** | **Your child is not eligible for DAF Funding** |

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| **Yes** | **Please confirm the dates, to and from, that your child can get DLA according to the award notice:** |

**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:**

**Declaration**

Name:

Address:

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| I 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/s)  to claim free entitlement funding as agreed 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.

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| **Parent/Carer/Guardian**  **with legal responsibility** | | **Childcare Provider** | |
| Signed |  | Signed |  |
| Print Name |  | Print Name |  |
| Date |  | Date |  |

Privacy Notice

Walsall Council will only ever create, use, store and or share your data in accordance with the data protection regulations and conditions for processing. We will only share your data with other council teams and/or external organisations when we have a lawful reason or duty in accordance with data protection legislation and our public functions.

Further details of how we use / share and keep your Personal data secure  can be found at: <https://go.walsall.gov.uk/your-council/data-protection>. For information on what rights you have in respect of your data or how to access your records or please see the guidance available on our website at <https://go.walsall.gov.uk/your-council/data-protection>.

**Please complete and email this form with a copy of the awarding letter to:**

[earlyyears@walsall.gov.uk](mailto:earlyyears@walsall.gov.uk)