

DLA Application Checklist for SEND Children

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Childs Name: _____

Date of posting form: _____

Personal and Contact Information

1. Child's full name and date of birth
2. National Insurance number (if applicable, usually for children over 16)
3. Parent or guardian's full name and contact details
4. Details of any other people included in the claim, like a partner or another carer

Proof of Identity and Residence

1. Birth certificate or passport of the child
2. Proof of address (e.g., utility bill, bank statement)

Medical and Care Needs

1. Detailed information about the child's condition or disability
2. Names and contact details of medical professionals involved in the child's care (e.g., GP, specialist, therapist)
3. Recent medical reports, assessments, or letters from health professionals
4. A diary or notes detailing a typical day or week, showing the extra care and supervision needed compared to other children of the same age

Medication and Treatment

1. List of medications, including dosages and what they are for
2. Details of any treatments or therapies, how often they are needed, and who provides them

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Childs Name: _____ Date of confirmation text: _____

Mobility

1. Information on how the child's condition affects their ability to walk or get around
2. Any aids or equipment the child uses (e.g., wheelchair, walking frame)

School or Educational Setting Information

1. Details of the school or special educational setting, including any special arrangements or support provided
2. Contact information for SENCO (Special Educational Needs Coordinator) or equivalent

Impact on Daily Life

1. Specific examples of how the disability affects daily activities (e.g., eating, dressing, using the toilet, communicating)
2. Information on any social and behavioural issues

Care and Supervision

1. Detailed examples of extra care and supervision needed over and above what is typical for a child of the same age without disabilities
2. Night-time care needs, if applicable
3. Emotional and Psychological Support:
Describe the support provided to help the child manage anxiety, distress, or other emotional impacts of their condition.

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Childs Name: _____ Date of consultation: _____

Caring Support

1. Emotional Care: Details on the emotional support provided to the child daily, such as comforting, reassurance, and managing emotional responses to pain or frustration.
2. Social Interaction: Information on support for social interactions, including facilitating and supervising playdates or other social activities that are affected by the child's condition.
3. Family Impact: Briefly discuss how the child's condition affects family life, including any necessary adjustments to family routines or activities.

Financial Details

1. Bank account details where you want the DLA payments to be deposited

Consent Forms and Declarations

1. Signed consents to allow the DLA office to contact doctors, teachers, or other professionals
2. Declaration form signed by the parent or guardian confirming the accuracy of the information provided

Additional Tips

1. Be Detailed: The more specific you are about the care needs and the impact on daily life, the better.
2. Supporting Documents: Gather as much supporting documentation as possible to strengthen the application.
3. Double-Check: Review all entries for accuracy before submission to avoid delays.

QUICK NOTES

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