

## Cambridgeshire Disabled Children's Early Help Service

Early Help form part of a range of services, which support disabled children aged 0-19 and their families. They give:

- disabled children and young people enjoyable experiences away from their primary carers, contributing to their personal and social development and reducing social isolation
- parents and families a necessary and valuable short break from caring responsibilities
- support to families with disabled children to enable them to do more things together as a family

There are many different ways to provide short breaks and each break can last from just a few hours to a few days depending on the needs and choices of the child or young person and their family.

This Self Assessment Scheme aims to reduce the time and burden of assessment by developing a basic yearly entitlement of up to £2000 of support for disabled children and young people **who are in receipt of high rate Disabled Living Allowance (DLA) care component or Enhanced Rate Daily Living Activities Personal Independence Payments (16+) and who are not already receiving social care services.** If your child or young person does not receive high rate DLA they may still be entitled to services but will need an assessment. In this case please phone the Contact Centre on 0345 045 5203.

If you would like information on services contact the Disabled Children's Early Help Team on 01480 379800

Once you have completed the enclosed form please send it with a copy of your Disability Living Allowance benefit entitlement letter to:

Disabled Children's Early Help Team, Buttsgrove Centre, 38 Buttsgrove Way, Huntingdon, Cambs PE29 1LY

Once the form has been received we will arrange for a Co-ordinator to contact you to discuss how you would like to use your entitlement. The Co-ordinator or their representative will contact you within 7 working days of receipt of the form to arrange a visit. During this visit the Early Help Co-ordinator will need to see your original DLA/PIP entitlement letter.

## Application for the Local Social Care Short Break Offer

Your child or young person must be in receipt of high rate Disability Living Allowance Care Component to be eligible for this service.

### Part 1 – Child’s Personal Information Sheet (Please PRINT clearly)

Child’s Surname:

Child’s First Name:

Male  Female

Child’s Date of Birth:

Address:

Postcode:

Telephone:

**He/she receives Disability Living Allowance (DLA) care component at the higher rate or Enhanced Rate Daily Living Activities Personal Independence Payments (16+). Yes**   
**(Please send a copy of your DLA/PIP benefit entitlement letter with this application form. We will not be able to deal with your application without it.)**

Please list other professionals involved in your child’s care:

School / pre-school attended:

Child's religion:

Your ethnic background:

Declined to answer

Child's ethnic background:

Declined to answer

What is your family's first language?

Do you need an interpreter or signer? Yes

No

Do you need translation for written English? Yes

No

Is information required in Braille or on audio? Yes

No

Please tick all the boxes that apply to your child:

Physical disability

learning disability

Hearing impairment

Visual impairment

Communication difficulties

Complex health needs

Behavioural/emotional difficulties

Developmental delay

What is your child's diagnosis and please list any other needs we should be aware of?

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**Part 2 – Information to help us understand your child’s needs**

Please tell us if your child requires any help with the following or if they use any aids or equipment:

Accessing the community

Mobility

Sensory impairment

Awareness of dangers

Personal care

Therapies received at home

Medication

Specialist equipment

Does your child need help communicating?

Yes

No

Please explain:

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Does your child behave in a way that has an impact on you and your family during daily activities?

Yes

No

Please explain:

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What are your child's interests? Do they attend any activities?

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Is there any further information you would like to tell us about your child's needs?

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Have you discussed the possibility of a short break with your child?

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**Part 3 – Parent(s)/Carer Personal Information Sheet (Please PRINT clearly)**

Surname:

First Name:

Relationship to child:

Surname:

First Name:

Relationship to child:

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Address of parent(s) if different from child:

Postcode:

Telephone:

Email:

Names and dates of birth of brothers and sisters (anyone under the age of 18) that live in the same house

Name:

DoB:

Name:

DoB:

Name:

DoB:

Does anyone else over the age of 18 live in your house?

Yes

No

I would like to receive information on the Disabled Children's Database (SCIP)

I would like to receive information from pinpoint

Signature (Parent(s)):

Date: