# **Kent County Council Early Years Funding**

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**Disability Access Fund Claim Form for Two-year-olds**

Providers who offer **Free Early Education places for 2-year-olds** known in Kent as the Free for Two or 'FF2' scheme, **can now** apply to claim Disability Access Funding (DAF) to support eligible children.

An annual payment of £800.00 is available to providers who have an eligible two-year-old in receipt of child Disability Living Allowance (DLA) who are claiming free early education and childcare entitlements.

This additional funding will be available until September 2023

Information for Parents/carers:

By completing this form with your provider, you agree to DAF funding being paid to **one childcare provider as a one-off payment**. If you move your child to another childcare provider during the year, then the DAF funding is not transferable.

Please return this completed form to your childcare provider along with a copy of your child’s Disability Living Allowance letter of confirmation. The childcare provider will keep a copy of the form and DLA confirmation letter as proof of eligibility. To claim the funding, the childcare provider must email both documents to: [miearlyyears@kent.gov.uk](mailto:miearlyyears@kent.gov.uk)

***In the subject line please put 2 Year Old DAF Application***

**About your child**

|  |  |
| --- | --- |
| Child’s first name |  |
| Child’s second name |  |
| Child’s date of birth |  |
| Home address, including postcode |  |
| Name and address of childcare  provider you wish to receive DAF funding |  |
| Provider Ofsted Unique Reference Number (URN) |  |
| Date the child joined the setting |  |

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| --- |
| **Parental consent and declaration** (please read above before signing)  I declare that:   * I am the parent/legal guardian of the child named on this form. * The above detailed information relating to my child is complete and accurate and **I will notify the childcare provider of any changes.** * I have provided evidence that my child is in receipt of child Disability Living Allowance. * I consent to the information I have provided being passed to Kent County Council to enable entitlement to Disability Living Allowance to be verified. * I understand that if I move my child to another childcare provider that the DAF funding is not transferable. * I understand that my personal information will be held securely in accordance with the General Data Protection Regulation which applies in the United Kingdom.   Signature of parent/guardian: …………………………… Date: ………………………  **Provider’s check**  I confirm that the child named above is attending and claiming their Free Early Education Entitlement and that I have kept a copy of any official documentation validating the child’s details.  Setting Name: ………………………….. Contact name: ………………………………….  Date: ……….. Tel number of setting: …………………………. |