# **Kent County Council Early Years Funding**

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**Disability Access Fund claim form**

**for nine months, two, three and four year olds**

Providers who offer **Free Early Education places for any of the funding streams can now** apply to claim Disability Access Fund (DAF) funding to support eligible children.

An annual payment of £938.00 per child is available to providers who have a child in receipt of Disability Living Allowance (DLA) and who is also claiming a free early education and childcare entitlement place.

**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 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 of eligibility. The childcare provider will keep a copy of the form and the DLA confirmation letter as proof of eligibility.

***All sections must be completed***

**About your child**

|  |  |
| --- | --- |
| Child’s first name |  |
| Child’s surname |  |
| Child’s date of birth |  |
| Full home address including postcode |  |
| Name and address of childcare  provider you wish to receive the DAF funding |  |

|  |
| --- |
| **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 the official documentation validating the child’s details.

Setting Name: ………………………….. Ofsted Number / URN……………………………..

Contact name: …………………………. Setting telephone number………………………...

Date: ……………..

Please send this DAF application form and confirmation of eligibility to receive Disability Living Allowance by email to [miearlyyears@kent.gov.uk](mailto:miearlyyears@kent.gov.uk)