

Funding Declaration Form 2023-24
Early Years Entitlements: 2, 3 & 4 year old funding

Provider Name:

CHILD DETAILS: please fill out your child's details

Forename:

Middle name:

Surname:

Provider note: This form should be completed prior to adding a child to your claim and renewed annually. Changes made mid-year should be initialled by the parent.

DOB: / /

Address:

Postcode:

Provider: DOB Evidence seen: Birth Certificate Passport

Gender: M / F / Not Known / Not Specified

2 Year Old Code: _ _ _ _ _

SEN Provision: Y / N

If yes, please circle: SEN Support / EHCP

Please tick ethnicity of child:	White - Irish	Chinese
Indian	White and Black African	Any other mixed background
Any other Asian background	White and Black Caribbean	White and Asian
Pakistani	Gypsy/Roma	Bangladeshi
Black – African	White – British	Refused
Black Caribbean	Traveller of Irish heritage	Information not yet obtained
Any other black background	Any other white background	Any other ethnic group

PARENT / CARER DETAILS: By completing this section you are giving permission for the local authority to check eligibility for any additional funding your child may be eligible for.

Parent/carer 1 name:

Parent/carer 2 name:

Parent/carer 1 National Insurance No (or NASS if applicable): _ _ _ _ _

Parent/carer 2 National Insurance No: (or NASS if applicable): _ _ _ _ _

Parent/carer 1 DOB: __ / __ / ____

Parent/carer 2 DOB: __ / __ / ____

To apply for a 30 hour code visit:

<https://www.childcarechoices.gov.uk/>

30 hour eligibility code: _ _ _ _ _

IMPORTANT INFORMATION FOR PARENTS – 30 HOURS CODES

Your 30 hour code has a start date **and** an end date. Funding is normally available from the term **after the start date** of your code (assuming the code has not expired). **Please ensure you renew your code before it expires.**

If your code expires or your eligibility ceases midterm, your child can continue to claim 30 hours until the end of the current term. This is called the grace period. If you do not renew eligibility, before the end of the grace period funding **will** cease. **Children cannot start to access 30 hours during the grace period.**

Please check your eligibility **at least** every 3 months by logging on to: www.gov.uk/sign-in-childcare-account. You will be contacted via your HMRC Childcare account to renew your code.

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FUNDING DETAILS – please fill out the hours you have agreed your child will receive at each setting they attend.

Funding start date: __ / __ / __

Provider note: Funding can be claimed after the child starts attending.

Names of all childcare providers currently used:	Hours to be claimed per week		Total number of hours claimed per week	Stretched offer? Tick against ALL settings this applies to.
	Universal Hours <i>Maximum – 15 standard or 12 stretched</i>	Extended Hours <i>Maximum – 15 standard or 12 stretched</i>		
Provider 1 name:				
Provider 2 name:				

PROVIDER AND PARENT NOTE: 30 hour codes

*To claim 30 hours in the autumn term (from 1st September) a valid code must have been issued by 31st August.
 To claim 30 hours in the spring term (from 1st January) a valid code must have been issued by 31st December.
 To claim 30 hours in the summer term (from 1st April) a valid code must have been issued by 31st March.*

Has this child attended another setting before starting at the above? YES / NO

Provider note: Please contact the previous provider to ensure that no over claim of hours occurs.

Total un-funded hours per week (these are the hours the parent is required to pay for): _ _ _ _

Provider note: If the number of hours claimed per week changes, providers must amend this form, ask the parent to initial and date the form, stating when the change takes effect.

Is your child in receipt of disability living allowance: Y / N?

DISABILITY ACCESS FUNDING (DAF) 3 and 4 year olds only – if your child is in receipt of disability living allowance your provider can claim £828 per year to support them in making reasonable adjustments to your child's provision.

Do you nominate this provider to receive DAF? Y / N – If you attend more than one setting you can only nominate one provider to receive DAF. Please provide your nominated provider with a copy of the DLA certificate.

PARENT & PROVIDER DECLARATION:

I declare that all information on this declaration form is true to the best of my knowledge. I understand that any false or incorrect information could lead to funding being withdrawn or reclaimed. Please be aware that to certify false information could be viewed as making a fraudulent claim.

Parent Name: _____

Parent Signature: _____

Date: _____

Provider Name: _____

Provider Signature: _____

Date: _____

Please note, we are committed to collecting and processing your personal data in a fair and transparent manner.

For more information about how we use your personal details please see our Privacy Notice here:

<https://www.lincolnshire.gov.uk/directory-record/62060/children-s-and-families-services->