

Early Years Entitlements (EYE)

Parent Declaration Form 2024-25

Provider Name <small>Completion of this form authorises this childcare provider to claim funding from Lincolnshire County Council</small>	
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SECTION 1: CHILD DETAILS

Child forename <small>Include middle names</small>		Child surname:	
Date of Birth <small>(DD/MM/YYYY)</small>		Gender <small>(select one)</small>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown
Home Address <small>(including postcode)</small>		Date of birth checked	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport
		Provider check <small>(date document seen)</small>	
Telephone:		Email:	

ADDITIONAL INFORMATION: <input type="checkbox"/> Child is looked after by the local authority <input type="checkbox"/> Child has left care (adoption / SGO / CAO) <input type="checkbox"/> Child has an EHCP <input type="checkbox"/> SEN support being provided by setting <input type="checkbox"/> Non-EAA citizen with No Recourse to Public Funds (NRPF) <input type="checkbox"/> Child receives DLA? If yes, see box to right	Please tick the box if you want <u>this</u> provider to claim Disability Access Funding (DAF). <i>Please note that only <u>one</u> provider per child can claim this funding per year. You will need to provide a copy of your DLA award letter to your provider.</i> <input type="checkbox"/> I nominate this provider to claim DAF.
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SECTION 2: ETHNICITY

<input type="checkbox"/> White British <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> White Irish <input type="checkbox"/> White Traveller of Irish Heritage <input type="checkbox"/> Any other White background	<input type="checkbox"/> Black African <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Any other Black background <input type="checkbox"/> Gypsy/Roma <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani	<input type="checkbox"/> Chinese <input type="checkbox"/> Other Asian background <input type="checkbox"/> Other mixed background <input type="checkbox"/> Other ethnic background <input type="checkbox"/> Do not wish to disclose <input type="checkbox"/> Information not obtained
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SECTION 3: PARENT DETAILS

In some circumstances, your provider can access additional funding to support your child's learning and development. By completing this section, you are authorising an eligibility check for additional funding.

PARENT/CARER 1		PARENT/CARER 2	
Name		Name	
National Insurance / NASS		National Insurance / NASS	
Date of birth:		Date of birth:	

Visit www.childcarechoices.gov.uk for up to date eligibility criteria for government funded childcare.

You require an eligibility code to claim funded childcare using both the working parent criteria and the disadvantaged 2 year old criteria. A code is **not** required for universal hours for 3 or 4 year-olds.

To qualify for the working parent entitlements, you **must** obtain an eligibility code by 31 March, 31 August or 31 December in order to claim funding in the following term. Working parents **must** reconfirm eligibility every 12 weeks with HMRC through your childcare account www.gov.uk/apply-free-childcare-if-youre-working

For 2 year olds using the disadvantaged eligibility criteria, you can obtain an eligibility code, from the Lincolnshire Parent Portal. www.lincolnshire.gov.uk/parentportal

SECTION 4: WHICH TYPE OF FUNDING IS BEING CLAIMED?

Age	Max per week	Eligibility criteria	Tick
9 months upwards	15 hours	Working family eligibility criteria (from Sept 24)	<input type="checkbox"/>
2 years old	15 hours	Working family eligibility criteria (from April 24)	<input type="checkbox"/>
2 years old	15 hours	Disadvantaged criteria	<input type="checkbox"/>
3 & 4 year old	15 hours	*Universal funding	<input type="checkbox"/>
3 & 4 year old	15 hours	*Working families <u>extended</u> eligibility criteria	<input type="checkbox"/>

*can be claimed in conjunction if eligible. Tick all that apply. Maximum overall claim of 30 hours per week for 3 & 4 year olds.

SECTION 5: EARLY YEARS ENTITLEMENT CLAIM

Funding Start date	Hours per week (max 15 hr)	Extended Hours (max 15hr)	Total hours per week (max 30hr)	Delivery model
Provider 1:				Stretched <input type="checkbox"/> Standard <input type="checkbox"/>
Provider 2:				Stretched <input type="checkbox"/> Standard <input type="checkbox"/>

SECTION 5a: WORKING PARENT ENTITLEMENTS

Please provide the eligibility code:

This is an 11 digit code

SECTION 5b: DISADVANTAGED 2 YEAR FUNDING (Child is in care, post care, DLA, EHCP, NRPf or on certain benefits)

Please provide the eligibility code:

This is a 6 digit code

SECTION 6: ADDITIONAL INFORMATION

My child has previously claimed their funded entitlements at another childcare setting:

YES NO

Date notice was given in writing:

End of notice period:

SECTION 7: PARENT / CARER DECLARATION

Tick to confirm

I declare the information provided is true to the best of my knowledge. I understand that any false information could lead to funding being withdrawn or reclaimed.

I agree where hours or services that are not funded by the local authority, fees will apply in accordance with my childcare providers charging policy.

I understand that I am responsible for obtaining and renewing my eligibility code prior to the deadline each term (31st March, 31st August and 31st December)

The personal information I have provided can be held and used in compliance with the Lincolnshire County Council privacy notice, in accordance with GDPR regulations.

www.lincolnshire.gov.uk/privacynotice/childrenandfamilies

Parent / Carer Declaration

Date

Parent Signature

Name:

Date:

Name:

Date:

Provider / setting declaration

Added to Hub

Name :

Date :

Position :

EYE team telephone: 01522 552752

Email: EYE@lincolnshire.gov.uk

Website : www.lincolnshire.gov.uk/fundedchildcare