

**Contact Details**

**Tel:** 01925 443331  
**Fax:** 01925 442333  
**Email:** revenues&benefits@warrington.gov.uk  
**Web:** www.warrington.gov.uk  
**Post:** Benefits and Exchequer services, PO Box 5, New Town House, Buttermarket St, Warrington, WA1 2NH  
**Visit:** Contact Warrington, 26-30 Horsemarket St, Warrington



**Disabled Child Details Form**

Name of claimant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Details of Child**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

In order for us to assess your Housing Benefit claim we need to establish whether your child is able to share a bedroom at night with another child.

Do you receive Disability Living Allowance for your child?

If yes, please state which component and rate: \_\_\_\_\_

What condition/s does your child suffer from?

\_\_\_\_\_

\_\_\_\_\_

How does their condition affect them at night?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If required, we made need to request a letter from your child's doctor. We will contact you if this is required.

Signed (customer/partner)

Date

\_\_\_\_\_

\_\_\_\_\_