

# Aiming High for Disabled Children

## Holiday Grant Guidance Notes



KIDS are able to give one grant of up to £370 per family for a holiday or short break. We accept applications for financial help towards a short break from parents or carers of disabled children or young persons under the age of 18 living in Hull. Please read these notes carefully as they explain the circumstances in which a grant can be paid.

### **You may be eligible to get a grant from us if:**

You care for a child who is considered to be severely disabled. By this we mean they are receiving the high rate care component of Disability Living Allowance. We would also consider the high rate mobility component.

Additional circumstances will be considered such as: if you care for a child receiving the middle rate care component of DLA and they need additional support in three or more of the following areas:

- Personal care and supervision
- Communication
- Access to social activities
- Education
- Specialist equipment
- Medical or therapeutic treatment/condition management

**or**

if you care for two or more children who have less severe disabilities but the impact of caring for these children makes it difficult to access a break.

### **How can a Holiday Grant Help:**

The Aiming High for Disabled Children's Holiday Scheme aims to help give funding to families who care for a disabled child or children. It is important that families are able to use the grant funding in a way that suits them. For example you may wish to use the grant to fund a short break for the whole family or perhaps a weekend away for the parents. You could purchase a health club membership or attraction tickets, pay for car hire or use the grant to supplement an existing holiday scheme to afford a longer break.

### **How we decide:**

A decision is based upon the grant criteria, although additional circumstances will be considered. Where possible we aim to give a decision within 28 days of receiving your application. If your form is incomplete or you are unable to provide us with a DLA entitlement letter then this may slightly delay the processing of your application form. We would contact you should we require further information



**Hull**  
City Council



**When to claim:**

You can make one claim per household at any time before you intend to take the break. Please note we will make payment to you 6 weeks before you intend to take the break, unless the money is needed for reservation or booking costs at an earlier date.

**How much can I apply for:**

We are able to make one payment of £370 per family. You can apply for any amount up to and including £370.

**Feedback:**

We welcome compliments, criticism and suggestions about the service we offer. This will be monitored in the form of a feedback questionnaire once you have taken your short break.

**What to do if you disagree with our decision:**

If you disagree with our decision then you have the right to appeal. For further information on the appeal process please contact us on 01482 467540.

**How to apply:**

You will need to complete the Aiming High for Disabled Children's Holiday Grant application form and return to:

Aiming High for Disabled Children  
Holiday Grant Scheme  
KIDS Yorkshire and The Humber  
Cranswick House  
182 Chanterlands Avenue  
Hull  
East Yorkshire  
HU5 4DJ

Application forms can be obtained by calling us on 01482 467540, emailing [terrie.oakshott@kids.org.uk](mailto:terrie.oakshott@kids.org.uk) or requested in writing from the above address.

**Help and Advice:**

If you want more information then please get in touch with us. You can contact the Aiming High for Disabled Children's Holiday Grant Helpline on 01482 467540 or for further information email [terrie.oakshott@kids.org.uk](mailto:terrie.oakshott@kids.org.uk)

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# Aiming High for Disabled Children

## Holiday Grant Application Form



Before you complete this form, please read the guidance notes sheet at the front of the application pack. Please try to complete all sections. If a question does not apply to you please mark as N/A.

### You

Title Mr / Mrs / Miss / Ms.....

First name .....

Surname .....

Address .....

.....

.....

.....Postcode.....

Telephone 

--	--	--	--	--	--	--	--	--	--	--	--

Mobile 

--	--	--	--	--	--	--	--	--	--	--	--

Email .....

Please state your relationship to the child you are applying for .....

### Your Child

Child's first name .....

Child's surname .....

Date of Birth .... / .... / .... Age..... Male/Female

Please give details of your child's additional needs

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.....

Tell us the rate of DLA your child has been awarded

Care component

- High
- Middle
- Low
- Appealing decision

Mobility component

- High
- Low
- Appealing decision

Not in receipt of Disability Living Allowance



## Other children

Please provide more information about any other children in the household.

First name	Surname	Date of Birth	Age	Do they have any additional needs	If so please give details
.....	.....	...../...../.....	.....	Yes / No	.....
.....	.....	...../...../.....	.....	Yes / No	.....
.....	.....	...../...../.....	.....	Yes / No	.....
.....	.....	...../...../.....	.....	Yes / No	.....

## Do you qualify

You may qualify for help from us if one or more of the following applies to you (please tick all that apply).

- I care for a child who is receiving the high rate care component of Disability Living Allowance.
- I care for two or more children who have disabilities.
- I care for a child receiving the middle rate care component of Disability Living Allowance and they need additional support in three or more of the following areas (please tick all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Personal care and supervision | <input type="checkbox"/> Communication   |
| <input type="checkbox"/> Access to social activities   | <input type="checkbox"/> Specialist equipment                                  |
| <input type="checkbox"/> Education                     | <input type="checkbox"/> Medical or therapeutic treatment/condition management |
-

Please use this space to tell us any other information you think we may need to know about your family to assist your application. Please continue on a separate sheet if you need to.

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## About what you need

The Aiming High for Disabled Children's Holiday Grant can be given for help towards a short break or a holiday but we may also be able to provide money to help with other associated costs. Please provide the following information about how you intend to spend the money.

Total amount applied for  (up to £370)

What do you intend to use the money for?

- |   |   |
|---|---|
| <input type="checkbox"/> A short break for the parents or carers and or siblings without the disabled child | <input type="checkbox"/> Purchase of car hire/travel insurance                                    |
| <input type="checkbox"/> A short break for the whole family including the disabled child                    | <input type="checkbox"/> Provision of an additional adult to support the family whilst on holiday |
| <input type="checkbox"/> To supplement an existing holiday scheme   | <input type="checkbox"/> Other (please specify).....<br>.....<br>.....                            |
-

## How can we help?

Please use this section to give us a few more details about your short break. Please note that some of these questions may not apply to you, we will contact you should we require further information about your short break.

Have you booked your holiday/short break yet:  Yes  No

(If Yes)

Date of departure

Date of return

Holiday destination .....

.....

.....

(If No)

When do you intend to take a short break .....

Please state briefly what you intend to use the money for:

.....

.....

.....

Where possible we will make payment to you 6 weeks before your intended short break unless you need the payment at an earlier date. Please complete this section if you need the money earlier than 6 weeks before you intend to take the break:

When do you need the payment .....

.....

Why do you need the payment early.....

.....

## Payment

Please provide us with details of how we can make a payment to you.

Name of Bank account holder .....

Name of Bank/ Building society .....

Roll number (if applicable) .....

Sort Code

Account number

If you do not have a Bank Account please tick this box. We will contact you to discuss making a payment.

## Declaration

I declare that the information I have given on this form is correct

Signature

Print name .....

Date ...../...../.....

## What to do now?

If your child is receiving Disability Living Allowance we will need to see a copy of their entitlement letter to confirm this. Please send this to us with your completed application form. Please tick one of these boxes:

I will enclose a Disability Living Allowance entitlement letter with this application

I will not enclose a Disability Living Allowance entitlement letter with this application

**Please note:** If you have not enclosed an entitlement letter we will not be able to process your application. Please provide us with contact details of your Social worker or an authority figure who will be able to confirm that your child is receiving Disability Living Allowance. ....

**If you do not have these details you will need to contact the DWP on 08457 123456 to request a new entitlement letter.**

Please ensure you have fully completed the application form. Incomplete forms may result in a delay in processing your application. Once completed please return to the address below:

Aiming High for Disabled Children  
Holiday Grant Scheme  
KIDS Yorkshire and The Humber  
Cranswick House  
182 Chanterlands Avenue  
Hull  
East Yorkshire  
HU5 4DJ

As the funding for this grant is provided by Hull City Council we are required to provide them with feedback and statistical information. We will therefore contact you after you have taken your short break and ask you and your children to fill out a short questionnaire. We may require more information about the short break you have taken. This will help us improve our service and hopefully ensure we can continue to offer this scheme in the future.