

# Part 2 About children – continued

	First child	Second child	Third child
39. Is the child registered blind?	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this.	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this.	No <input type="checkbox"/> Yes <input type="checkbox"/> We need to see proof of this.
40. Does the child get Disability Living Allowance?	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? Care: £ <input type="text"/> Mobility: £ <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? Care: £ <input type="text"/> Mobility: £ <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> How much? Care: £ <input type="text"/> Mobility: £ <input type="text"/>
41. Do you pay any childminding costs for this child to a registered childminder, nursery or after-school club?	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us the name and registration number of the minder. <input type="text"/> How much do you pay a week? £ <input type="text"/> We need to see proof of this.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us the name and registration number of the minder. <input type="text"/> How much do you pay a week? £ <input type="text"/> We need to see proof of this.	No <input type="checkbox"/> Yes <input type="checkbox"/> Tell us the name and registration number of the minder. <input type="text"/> How much do you pay a week? £ <input type="text"/> We need to see proof of this.
42. Last name (family name)	<input type="text"/>	<input type="text"/>	<input type="text"/>
43. Other names	<input type="text"/>	<input type="text"/>	<input type="text"/>
44. Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
45. What is the child's sex?	<input type="text"/>	<input type="text"/>	<input type="text"/>
46. The child's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>
47. The child's relationship to your partner	<input type="text"/>	<input type="text"/>	<input type="text"/>
48. Usual address if different from yours	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
49. Child Benefit number	<input type="text"/>	<input type="text"/>	<input type="text"/>
50. Who gets the Child Benefit for them? We need to see proof of this.	<input type="text"/>	<input type="text"/>	<input type="text"/>