

## Part 2 - About children

We need to know about any children in your household.  
This includes 16 to 20 year-olds who are still in education.

Are there any children living with you?  
If No, go to Part 3

Yes  No

	Child 1	Child 2	Child 3
Last name or surname			
First name			
Date of birth			
Male or Female			
Relationship to you			
Registered blind?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Disability Living Allowance/Personal Independence Payment (PIP)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Child Benefit	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Child 4	Child 5	Child 6
Last name or surname			
First name			
Date of birth			
Male or Female			
Relationship to you			
Registered blind?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Disability Living Allowance/Personal Independence Payment (PIP)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Child Benefit	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

\* Do you pay child minding fees to a registered childminder or nursery? Yes No  
If Yes we will write to you about this.

\*Must be registered with Local Authority/Ofsted.

If there are more than six children, please continue on a separate sheet.