

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 [] No []	Yes [] No []	Yes [] No []
Disability Living Allowance/Personal Independence Payment (PIP)?	Yes [] No []	Yes [] No []	Yes [] No []
Child Benefit	Yes [] No []	Yes [] No []	Yes [] No []
	Child 4	Child 5	Child 6
Last name or surname			
First name			
Date of birth			
Male or Female			
Relationship to you			
Registered blind?	Yes [] No []	Yes [] No []	Yes [] No []
Disability Living Allowance/Personal Independence Payment (PIP)?	Yes [] No []	Yes [] No []	Yes [] No []
Child Benefit	Yes [] No []	Yes [] No []	Yes [] No []

* 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.