



About children looked after by a local authority

Child Benefit usually stops once a child has been looked after by a local authority for 8 consecutive weeks or more. This form is to provide information so that entitlement to Child Benefit can be properly decided.

Different rules apply depending on whether the child is:

- in residential accommodation only because of a disability or illness
• looked after under a voluntary arrangement
• looked after under an order made by a court, or in Scotland by a children's hearing.

On this form, where we use the term child or children, we also include young person or young people.

The Child Benefit Guidance Notes which accompany this form give more information about these different rules.

When to send this form

Please complete this form and post or fax it to the Child Benefit Office as soon as it is clear that the child will be looked after for longer than 8 weeks, for example, immediately after the statutory LAC review at 4 weeks. But in any event no later than 8 weeks. There is no need to notify the Child Benefit Office if the child is being looked after for less than 8 weeks.

Important:

- the consent of the customer is required at Part 8
• do not send this form if the child will be looked after for less than 8 weeks.

You can send the form back to us or fax it to us on 0191 225 1625

Parts 1, 2 and 8 to be completed in all cases:

- part 3 should be completed if the child is accommodated only because of disability or illness
• part 4 should be completed if the child is accommodated for other reasons
• part 5 should be completed if the child is accommodated under a voluntary arrangement
• part 6 should be completed if the child is accommodated under a care order or protection order or detained in secure or non-secure accommodation
• part 7 should be completed if there is anything you want to tell us.

Part 1 - About the child

Child's surname [text box]

Child's first names [text box]

Any other names the child is known by [text box]

Date of birth [/ /]

On what date did they start being looked after by the local authority? [/ /]

Child Benefit number (if known) CHB [] [] [] [] [] [] [] [] [] []

Please turn over ►

Part 2 - About the child's parent or guardian

Parent or guardian's surname

Parent or guardian's first names

Was the child living with this person before they started being looked after by your local authority?

No

Yes

What is the full name and address of the person the child was living with?

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode

Part 3 - Children accommodated only because of disability or illness

Are they in residential accommodation because of their mental or physical disability or illness?

No Go to **Part 4**

Yes

- the disability or illness must be the only reason they live away from home. If a disabled child is accommodated for some other reason or more than one reason, please tick **no**
- a specially adapted foster home can count as residential accommodation.

Is their health likely to suffer further if the accommodation is not provided?

No

Yes

Under which law is the accommodation provided?

National Health Service (Scotland) Act 1978

Education (Scotland) Act 1980

Mental Health (Scotland) Act 1984

Children (Scotland) Act 1995

Other, please specify

For 18 year olds
in full-time education

Social Work (Scotland) Act 1968

On what date was the accommodation first provided?

When are they expected to return home permanently?

Go to **Part 5**

Part 4 - Children accommodated for other reasons

Are they provided with, or placed in accommodation under Part II of the Children Act (Scotland)1995?

No

Yes Please tell us under which provision the accommodation is provided

On what date was the accommodation first provided?

If they have had more than one period of accommodation, tell us the periods

From

To

When are they expected to return home permanently?

Please tell us the type of placement

Residential accommodation

Foster parents

Informal placement with a relative or other suitable person

At home

Other, please specify

If they have been placed with foster parents, or a relative or other person, please tell us their name and address

Postcode

On what date did this placement begin?

Is the cost of their accommodation or maintenance being met wholly or partly from local authority or any other public funds?

No

Yes From what date?

Go to **Part 5**

For example, through payment of a fostering allowance or other payment under Section 26 of the Children Act (Scotland)1995.

Part 4 - continued

Who is meeting the cost?

What is their relationship to the child?

Has the child been provided with, or placed in accommodation as part of a voluntary arrangement?

No
Yes Go to **Part 5**

Are they subject to any order made by a court?

No
Yes Please tell us the type of order

For example, a care order, protection order, or detained in secure or non-secure accommodation.

Date of first order

End date (if known)

Go to **Part 6**

Part 5 - Children accommodated under a voluntary arrangement

Please tell us on which dates they spent 2 nights in a row, or longer, at home, starting from the time they were first looked after by your Authority.

Date child went to live at home

Date child returned to Local Authority

Is this expected to continue for the foreseeable future?

No
Yes

Part 6 - Children accommodated under a care order or protection order or detained in secure or non-secure accommodation

Have they spent time at home for at least 7 nights in a row?

No
Yes Date child went to live at home

Date child returned to Local Authority

Part 6 - Children accommodated under a care order or protection order or detained in secure or non-secure accommodation - continued

Do they normally live at home for at least 2 nights in a row each week?

No Go to **Part 7**

Yes Date child went to live at home

Date child returned to Local Authority

Is this arrangement expected to continue?

No

Yes

Part 7 - Anything you want to tell us

Please use this space if there is anything you want to tell us to help us decide about payment of Child Benefit for this child. **Do not** use it to tell us information about any other child.

Your signature

To be filled in by the social worker, locum, duty social worker or clerk

Signature

Date

**child's social worker/locum or duty social worker/clerk*

**delete as appropriate*

Please print your name clearly

Your office address

Phone number

Fax number

Please turn over ►

Part 8 - The Data Protection Act - declaration and signature

HM Revenue & Customs is a Data Controller under the Data Protection Act 1998. We hold information for the purposes specified in our notification to the Information Commissioner, including the assessment and collection of tax and duties, the payment of benefits and the prevention and detection of crime and may use this information for any of them.

We may get information about you from others, or we may give information to them. If we do, it will only be as the law permits to

- check accuracy of information
- prevent or detect crime
- protect public funds.

We may check information we receive about you with what is already in our records. This can include information provided by you, as well as others, such as other government departments or agencies and overseas tax and customs authorities. We will not give information to anyone outside HM Revenue & Customs unless the law permits us to do so. Further information can be found on our website, www.hmrc.gov.uk or in our leaflet *Data Protection*.

To be filled in by the Child Benefit customer

Payments of Child Benefit may be affected if a child is being looked after by a Local Authority

Please sign the declaration below. This will allow the Child Benefit Office and the Local Authority to share relevant information about your child's stay in Local Authority care. This information is needed to help the Child Benefit Office make a decision on your correct entitlement to Child Benefit.

You do not have to give your consent on this form. However, failure to notify the Child Benefit Office of any relevant change of circumstances could result in an overpayment which may be recovered from you.

I (customer's name) authorise

(name of Social Services Department) and the Child Benefit Office

to share information about myself and my child (name of child)

so that a decision can be made on my entitlement to Child Benefit.

Customer's signature

Signature

Date

Please give us your daytime phone number

* home/work/mobile/fax * delete as appropriate