

About this form

Child Benefit usually stops once a child has been looked after by a local authority or Health and Social Services Board or Trust for **eight consecutive weeks**. This form is to provide information so that entitlement to Child Benefit can be properly decided.

When to send this form

Complete this form and send it to the Child Benefit Office as soon as it is clear that the child will be **looked after for longer than eight weeks**. There is no need to notify the Child Benefit Office if the child is being looked after for less than eight weeks.

Where to send this form

Please send this form to the following address:

LAVH Section
Child Benefit Office
PO Box 1
NEWCASTLE UPON TYNE
NE88 1AA

1 Child's surname	<input type="text"/>
2 Child's first names	<input type="text"/>
3 Any other names the child is known by	<input type="text"/>
4 Date of birth <i>DD MM YYYY</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5 Is the child looked after only because of their disability or illness?	No <input type="checkbox"/> Yes <input type="checkbox"/>
6 On what date did they start being looked after by the local authority or Health and Social Services Board or Trust? <i>DD MM YYYY</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7 Is any of the cost of their accommodation or maintenance being met from local authority, Health and Social Services Board or trust or any other public funds?	No <input type="checkbox"/> Yes <input type="checkbox"/>
8 What is the name of the last person the child lived with before being looked after?	<input type="text"/>
9 Contact name <i>to be filled in by the social worker, locum, duty social worker or clerk</i>	<input type="text"/>
Phone	<input type="text"/>
Your office address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/>
Date <i>DD MM YYYY</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>