

**Contact Details**

Tel: 01925 443331  
Fax: 01925 442333  
Email: [benefits@warrington.gov.uk](mailto:benefits@warrington.gov.uk)  
Web: [warrington.gov.uk/benefits](http://warrington.gov.uk/benefits)  
Post: Corporate Services, Town Hall  
Sankey Street, Warrington, WA1 1UH  
Visit: Contact Warrington, 1 Time Square,  
Warrington, WA1 2EN

**WARRINGTON**  
Borough Council



**Disabled Child Details Form**

Name of claimant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Details of Child**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

For us to assess your Housing Benefit claim we need to establish whether your child is able to share a bedroom at night with another child.

Do you receive Disability Living Allowance/PIP for your child?

If yes, please state which component and rate: \_\_\_\_\_

What condition/s does your child suffer from?

\_\_\_\_\_  
\_\_\_\_\_

How does their condition affect them at night?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If required, we may need to request a letter from your child's doctor. We will contact you if this is required.

Signed (customer/partner)

Date

\_\_\_\_\_

\_\_\_\_\_