

Income Support Medical Component claim form (children under 12 years old)

This form must be completed by the child's parent or guardian.

There is a different form for adults and young people aged 12 or over.

Please use a black pen to complete this form.

You do **not** need to take this form to your child's doctor.

Please return the completed form to Income Support Team within 14 days of being issued, or the start date may be affected.

Customer and Local Services

P.O. Box 55
La Motte Street
St. Helier
Jersey
JE4 8PE

Tel: +44 (0)1534 444444
Email: s.impairment@gov.je
Website: www.gov.je/CLS

OFFICE USE ONLY

New
Customer Review
Department Review
HCA only
CPC

Claim Number	<input type="text"/>
Surname	<input type="text"/>
SS number	<input type="text"/>
Issued	<input type="text"/> <input type="text"/>
Received	<input type="text"/> <input type="text"/>

Initials



About this form

This form must be completed by the child's parent or guardian if they are able. The form has eight sections, but not all sections may be relevant to you. It may help if you read through the form before you begin completing it.

The form begins by asking you for some general information in **Section 1**. It then asks you a series of questions in **Sections 2, 3 and 4** to help us get a clear picture of how your child is affected by their illness or disability.

If you are **only** applying for Clinical Costs (extra GP visits) for your child you will **not** need to complete this form. Please ask Income Support for a Clinical Costs Only (CCO) form.

Answer each question by picking the option that most applies to your child. There is space at the bottom of the page for you to tell us about your answer in your own words. If a question does not apply to your child, just tick **NO** and move on to the next question.

There is space in **Section 5** for you to tell us about anything that is not covered by the questions. This can include details of aids and adaptations that your child uses (such as a walking stick or hearing aid).

If you need help writing, you can ask someone to write down your answers for you as long as you sign the declaration on page 33 in **Section 6**.

Section 7 is **optional**. You can ask a carer, support worker or another person who knows your child to complete it. They can say what they know about your child's condition and how it affects their daily life.

If somebody fills in the form on your behalf, they must sign the declaration in **Section 8**.

If you have any questions about the form you can contact Customer and Local Services on 444444.

How we use your data

In accordance with the Data Protection (Jersey) Law 2018 the controller is registered with the Office of the Information Commissioner and the registration number is 17756.

The information you have provided on this form and the additional information you supply with it, will only be used to assist us with this medical component claim. The information will be stored on the secure Social Security database.

We may check information with other information we hold and other benefits you may have claimed or will claim in the future.

Relevant information may also be shared with other Government of Jersey departments, GP's, healthcare providers and third parties in order to check its accuracy.

We may need further information from other Government of Jersey departments or relevant third parties to process your Income Support medical component claim. Income Support will only request relevant information for the purposes of processing your claim request.

We may request a separate medical report from relevant healthcare professional(s) as stated on this form.

We will not give information to anyone outside of the department unless the law allows us to, or failing that we will seek consent.

Calls may be recorded for training and quality purposes. Find out more about how we use data in our Social Security privacy statement on www.gov.je or request a written copy by phoning 01534 444444

About this form (continued)

1. Start by filling in your child's general information

When you are ready to complete the form, start with **Section 1** on page 5. **Section 1** asks you about your child's personal details, as well as contact information for the health professionals who treat your child. This might be a GP, hospital doctor, consultant or therapist. You can give us contact details for more than one person, and you can tell us who is mainly responsible for your child's care. If you need space to tell us more information, you can attach a separate sheet of paper to the form or use the space in **Section 5**.

Section 1 has space for you to tell us about your child's illness, disability or diagnosis. You can tell us about more than one condition and any medication or treatment that you have for these conditions. You can also tell us how often your child has seen their GP, as well as any other medical appointments your child may have had, in the last 12 months.

2. Complete the numbered questions that apply to your child

The answers you give in **Sections 2, 3** and **4** of the form will help us get a clear picture of how your child's illness or disability affects them. Each question has its own instructions and examples to take you step-by-step through the form to the end. If a question does not apply to your child, please tick **No** and move on to the next question in order.

The questions are written in bold text at the top of each page and are in two parts:

- **Section 2** (beginning on page 8) asks questions about physical and sensory functions
- **Section 3** (beginning on page 21) asks questions about mental functions
- **Section 4** (beginning on page 28) asks questions about reaching important stages in your child's development and help with medical care

You should complete every question that you think applies to your child. Some conditions will be covered by just one question; but some conditions will have effects that are covered by more than one question.

Your child **does not** need to try to do the activities set out in the form. Tell us whether (or not) you think your child could do them. Give examples if you think this will help you explain your answers.

Use the boxes underneath each question to tell us, in your own words, how your child's illness or disability affects them.

It will help if you can tell us about:

- your child's pain, tiredness and breathlessness;
- differences in the way your child feels from day-to-day; and
- anything else you think we might need to know.

3. Tell us any further information

There is space in **Section 5** for you to tell us about anything that is not covered by the questions. If your child uses aids or adaptations (such as a walking stick or hearing aid) you can tell us about these on page 32. A carer, support worker or another person who knows your child can complete the optional **Section 7**.

If you think it will help explain your child's medical condition(s), please attach any relevant supporting medical evidence you are able to provide.

About this form (continued)

4. When you have completed the relevant parts

Please check, sign and return the form. Mark it for the attention of Income Support at Customer and Local Services.

Please check the form ensuring that the correct signatures are in place. Section 6 (page 33).

If somebody else has filled in the form for you, they **must** sign and date **Section 8** (page 36). Please note:

- Parents/guardians/agents/delegates should sign on behalf of children, or for people who are unable to give their consent.
- **This form is for children under 12 years old.** There is a different form for adults and young people aged 12 or over.

Your child may be asked to attend an examination with one of our doctors or other healthcare professional. If this is needed, we will telephone or write to you in order to arrange a convenient time and date.

It is important that you give us up-to-date contact details (including a telephone number) and give us details in **Section 1** of any special needs/requirements your child may have. If you cannot get to Customer and Local Services because of your child's medical condition we will arrange to visit you at home.

EXAMPLE ONLY
Please speak to Income Support
to find out if you can claim

Section 1 – About your child

Surname

Forenames

Date of birth

Address

Child's Social Security number

Home

Mobile

Parent's/guardian's telephone number

On behalf of my child I wish to apply for (tick every box that applies):

- Personal care element**
(to meet the cost of help with everyday tasks)
- Mobility element**
(help towards the cost of getting around outdoors)
- Clinical Cost element**
(help towards costs of extra GP visits)

Please note: If you are only applying for a Clinical Cost element you will not need to complete this form. Please ask Income Support for a Clinical Cost Only (CCO) form.

If you are applying for a Clinical Cost element as well as a Personal care element and/or Mobility element, please tell us in **sections 5** (page 30) how the illness affects your child and the reasons why they may need to see the doctor more frequently.

If you are applying for a personal care element and/or a mobility element due to a physical disability, or your child has a sensory disability; complete **section 2** (pages 8 – 20).

If you are applying for a personal care and/or a mobility element due to a mental health illness or your child has a learning disability; complete **section 3** (pages 21 – 27).

If your child has additional needs to develop or requires assistance with medical care please complete **section 4** (pages 28 and 29).

In all cases please sign the declaration on page 33 and complete pages 34 – 36 if relevant.

Your child may be asked to attend an examination with one of our doctors. The arrangements for this will be made by telephone or in writing so that a convenient time and date can be arranged. It is important that you provide up-to-date contact details including a telephone number and provide details in section 5 (page 31) of any special requirements your child may have.

Section 1 – About your child (continued)

About your child's illness or disability and the treatment and help they receive

Tell us who is most responsible for your child's medical treatment (e.g. GP, hospital consultant or other health professional)

Please tell us about your child's illness, disability or diagnosis in the table below

Name of illness, disability or diagnosis	How long has your child had this disability or illness	What medications or treatments has your child been prescribed for this illness or disability	How often does your child take the medicine and/or receive treatment
e.g. Cystic fibrosis	e.g. Since birth	e.g. Antibiotics, vitamins, nebulisers and physiotherapy	e.g. Daily medicines and daily physiotherapy exercises

1. Your child's GP or family doctor

Please tell us the name of your child's GP and the name of the practice

GP telephone number

How many times (approximately) has your child seen their GP in the last 12 months?

Does your child's GP provide treatment for your child's condition(s)? This might include medication or regular tests.

Section 1 – About your child (continued)

2. Treatment through a hospital in Jersey or the UK

Doctor 1	Doctor 2
Name of doctor, consultant or therapist <input type="text"/>	Name of doctor, consultant or therapist <input type="text"/>
Name of hospital <input type="text"/>	Name of hospital <input type="text"/>
Department <input type="text"/>	Department <input type="text"/>
Illness or disability <input type="text"/>	Illness or disability <input type="text"/>
How often do you see them <input type="text"/>	How often do you see them <input type="text"/>
When was your last appointment <input type="text"/>	When was your last appointment <input type="text"/>

3. Treatment/support from someone other than a GP or hospital consultant

If you are having treatment/support from someone other than a GP or hospital consultant please give their details

Person 1	Person 2
Name of the person who treats you <input type="text"/>	Name of the person who treats you <input type="text"/>
What treatment/support do they give you? <input type="text"/>	What treatment/support do they give you? <input type="text"/>
Their address <input type="text"/>	Their address <input type="text"/>
Postcode <input type="text"/>	Postcode <input type="text"/>
Their telephone number <input type="text"/>	Their telephone number <input type="text"/>

Section 2 – Physical and sensory functions

Does your child have a physical illness or disability?

If the answer is **yes**, please answer questions 1 to 12 in this section.

By this we mean an illness or disability that affects their body or senses.

For example:

- cystic fibrosis
- hearing or sight impairment
- congenital heart disease
- Duchenne muscular dystrophy
- amputation

The assessment takes into account situations where a child normally uses an aid (such as walking stick or hearing aid) or a prosthesis (such as a prosthetic leg).

If your child is normally fitted with or normally wear a prosthesis, they will be assessed as if they were fitted with or wearing that prosthesis. If your child normally wears or normally uses any aid or appliance, or could reasonably be expected to normally wear or normally use any aid or appliance, they will be assessed as if they were wearing or using that aid or appliance.

If your child does not have a physical illness or disability, please go to Section 3 on page 21.

Section 2 – Physical and sensory functions (continued)

Q1 – Sitting in an upright chair with a back but no arms

This question is for children aged 3 or more.

This question looks at whether your child can sit comfortably in a chair.

By **sitting comfortably** we mean without having to move from the chair because the amount of discomfort makes it impossible to continue sitting.

By **chair** we mean an upright chair with a back but no arms.

Does your child have any difficulty sitting comfortably in a chair?

No Go to page 10.

Yes Please tick the statement that most applies to your child. **Tick one box only.** Then, if possible, give us more information about your choice in the box at the bottom of the page.

- a The child cannot sit without severe discomfort.
- b The child cannot sit without severe discomfort for more than 10 minutes before having to move from the chair.
- c The child cannot sit without severe discomfort for more than 30 minutes before having to move from the chair.
- d The child cannot sit without severe discomfort for more than one hour before having to move from the chair.
- e None of the above statements apply.

More information

You can use this space to tell us in your own words how this activity is affected by your child's condition.

Section 2 – Physical and sensory functions (continued)

Q2 – Standing without the support of another person

This question is for children aged 3 or more.

This question looks at whether your child can stand without the support of another person.

By **standing** we mean standing on their own using a walking stick or other aid (if they normally use one), but without the help of another person and without holding on to something.

Does your child have any difficulty standing without the support of another person?

No Go to page 11.

Yes Please tick the statement that most applies to your child. **Tick one box only.** Then, if possible, give us more information about your choice in the box at the bottom of the page.

- a** The child cannot stand at all without the support of another person.
- b** The child cannot stand for more than 10 minutes without the support of another person.
- c** The child cannot stand for more than 30 minutes without the support of another person.
- d** None of the above statements apply.

More information

You can use this space to tell us in your own words how this activity is affected by your child's condition.

EXAMPLE ONLY
Please speak to Income Support to find out if you can claim

Section 2 – Physical and sensory functions (continued)

Q3 – Getting up from sitting in an upright chair with a back but no arms without assistance

This question is for children aged 3 or more.

This question looks at whether your child can get up from a chair.

By **getting up** we mean the child gets up on their own without assistance.

By **chair** we mean an upright chair with a back but no arms.

Does your child have any difficulty getting up from a chair?

No Go to page 12.

Yes Please tick the statement that most applies to your child. **Tick one box only.** Then, if possible, give us more information about your choice in the box at the bottom of the page.

- a** The child cannot get up from sitting in a chair to standing without the support of another person.
- b** The child cannot get up from a chair without holding on to something.
- c** None of the above statements apply.

More information

You can use this space to tell us in your own words how this activity is affected by your child's condition.

Section 2 – Physical and sensory functions (continued)

Q4 – Walking

This question is for children aged 3 or more.

This question looks at how well your child can walk.

By **walking** we mean walking on level ground, using an aid such as a walking stick or an artificial limb (if your child normally uses one).

Does your child have any difficulty walking?

No Go to page 13.

Yes Please tick the statement that most applies to your child. **Tick one box only.** Then, if possible, give us more information about your choice in the box at the bottom of the page.

- a **The child cannot walk at all.**
- b **The child cannot walk more than a few steps **and/or** walk up and down one stair without having to stop or feeling severe discomfort, even with the support of a handrail.**
- c **The child cannot walk more than 50 metres (55 yards) **and/or** walk up and down a flight of 12 stairs without having to stop or feeling severe discomfort.**
- d **The child cannot walk more than 200 metres (220 yards) without having to stop or feeling severe discomfort.**
- e **The child cannot walk more than 400 metres (450 yards) without having to stop or feeling severe discomfort.**
- f **None of the above statements apply.**

More information

You can use this space to tell us in your own words how this activity is affected by your child's condition.

Section 2 – Physical and sensory functions (continued)

Q5 – Bending or kneeling from a standing position

This question is for children aged 3 or more.

This question looks at whether your child can bend or kneel.

By **bending and kneeling** we mean your child can do the activity either by bending or kneeling, or by a combination of both, from a standing position, not from sitting.

Does your child have any difficulties bending or kneeling?

No Go to page 14.

Yes Please tick the statement that most applies to your child. **Tick one box only.** Then, if possible, give us more information about your choice in the box at the bottom of the page.

- a The child cannot bend to touch their knees and straighten up again.
- b The child cannot either bend or kneel, or bend and kneel or squat, as if to pick up a piece of paper off the floor and straighten up again.
- c None of the above statements apply.

More information

You can use this space to tell us in your own words how this activity is affected by your child's condition.

EXAMPLE ONLY
Please speak to Income Support to find out if you can claim

Section 2 – Physical and sensory functions (continued)

Q6 – Reaching

This question is for children aged 1 or more.

This question looks at whether your child can reach out with their arms.

When we say **either arm** we mean your child cannot do these things with either their right **or** their left arm.

Does your child have any difficulties reaching out with their arms?

No Go to page 15.

Yes Please tick the statement that most applies to your child. **Tick one box only.** Then, if possible, give us more information about your choice in the box at the bottom of the page.

- a The child cannot raise either arm as if to put something in the breast pocket of a coat or jacket.
- b The child cannot raise either arm to the head as if to put on a hat.
- c The child cannot raise one arm as if to put something in the breast pocket of a coat or jacket, but can with the other.
- d The child cannot raise one arm to the head as if to put on a hat, but can with the other arm.
- e None of the above statements apply.

More information

You can use this space to tell us in your own words how this activity is affected by your child's condition.

Section 2 – Physical and sensory functions (continued)

Q7 – Lifting and transferring to a distance of 60 centimetres (2 feet) by using your upper body and arms at tabletop level

This question is about arm strength and co-ordination. It looks at whether your child can lift and transfer objects. The ability to use their hands is looked at in question 8.

When we say **either arm** we mean the child cannot do these things with either their right **or** their left arm.

By **lifting** we mean to pick up an object from a height that does not involve bending or reaching.

Does your child have any difficulties lifting and transferring objects with their arms?

No Go to page 16.

Yes Please tick the statement that most applies to your child. **Tick one box only.** Then, if possible, give us more information about your choice in the box at the bottom of the page.

- a The child cannot pick up and transfer a glass filled with 200 millilitres (about half a pint) of water with either arm. (This statement is for a child aged 3 years or more.)
- b The child cannot pick up and pour from a full saucepan or kettle filled with 1.5 litres (2.5 pints) of water with either arm. (This statement is for a child aged 8 years or more.)
- c The child cannot pick up and transfer a 2.5 kilogram (5.5 pound) bag of potatoes with either arm. (This statement is for a child aged 8 years or more.)
- d The child cannot pick up and transfer a glass filled with 200 millilitres (about half a pint) of water with one arm, but can with the other. (This statement is for a child aged 3 years or more.)
- e None of the above statements apply.

More information.

You can use this space to tell us in your own words how this activity is affected by your child's condition.

Section 2 – Physical and sensory functions (continued)

Q8 – Manual dexterity

This question looks at whether your child can use their hands.

When we say **either hand** we mean your child cannot do these things with either their right hand **or** their left hand.

Does your child have any difficulties using their hands?

No Go to page 17.

Yes Please tick the statement that most applies to your child. **Tick one box only.** Then, if possible, give us more information about your choice in the box at the bottom of the page.

- a The child cannot turn the pages of a book with either hand. (This statement is for a child aged 3 years or more.)
- b The child cannot turn a star-headed sink tap with either hand. (This statement is for a child aged 3 years or more.)
- c The child cannot pick up an object 2.5 centimetres (1 inch) in diameter, like a 2 pence coin, with either hand. (This statement is for a child aged 1 year or more.)
- d The child cannot use a spoon with either hand. (This statement is for a child aged 3 years or more.)
- e The child cannot tie a bow in laces or string. (This statement is for a child aged 8 years or more.)
- f The child cannot turn a star-headed sink tap with one hand, but can with the other. (This statement is for a child aged 3 years or more.)
- g The child cannot pick up an object 2.5 centimetres (1 inch) in diameter, like a 2 pence coin, with one hand, but can with the other. (This statement is for a child aged 1 year or more.)
- n None of the above statements apply.

More information

You can use this space to tell us in your own words how this activity is affected by your child's condition.

Section 2 – Physical and sensory functions (continued)

Q9 – Vision, including visual acuity and visual fields, in normal daylight or bright electric light

This question looks at whether your child can see things in normal light using visual aids like contact lenses or glasses if they normally wear them.

By **normal light** we mean daylight, if the child is outdoors, or bright electric light, if the child is indoors.

Does your child have any difficulties seeing things in a normal light even with visual aids, like glasses or contact lenses, if they normally wear them?

No Go to page 18.

Yes Please tick the statement that most applies to your child. **Tick one box only.** Then, if possible, give us more information about your choice in the box at the bottom of the page.

- a Has no light perception. (This statement is for a child aged 3 years or more.)
- b The child cannot see well enough to read 16 point print at a distance of 20 centimetres (8 inches). (This statement is for a child aged 3 years or more.)
- This is 16 point print**
- c Has 50% or greater reduction of visual fields. (This statement is for a child aged 3 year or more.)
- d Cannot see well enough to recognise a friend at a distance of at least 5 metres (This statement is for a child aged 1 year or more).
- e Has 25% or more but less than 50% reduction of visual fields (this statement is for a child aged 1 year or more).
- f Cannot see well enough to recognise a friend at a distance of at least 15 metres (This statement is for a child aged 1 year or more).
- g None of the above

More information

You can use this space to tell us in your own words how this activity is affected by your child's condition.

Section 2 – Physical and sensory functions (continued)

Q10 – Hearing

This question is for children aged 1 or more.

This category looks at your child's hearing.

Does your child have any difficulties hearing sounds, even with a hearing aid if they normally wear one?

No Go to page 19.

Yes Please tick the statement that most applies to your child. **Tick one box only.** Then, if possible, give us more information about your choice in the box at the bottom of the page.

- a The child cannot hear well enough to follow a television or radio programme by hearing alone, even with the volume turned up.
- b The child cannot hear well enough to understand someone talking in a loud voice, in a quiet room, by hearing alone.
- c The child cannot hear well enough to understand someone talking in a normal voice, in a quiet room, by hearing alone.
- d None of the above statements apply.

More information

You can use this space to tell us in your own words how this activity is affected by your child's condition.

EXAMPLE ONLY
Please speak to income support
to find out if you can claim

Section 2 – Physical and sensory functions (continued)

Q11 – Speech

This question is for children aged 3 or more.

This question looks at whether your child can speak and be understood.

Does your child have any difficulty speaking to people or making themselves understood by them, because of any speech impediment, illness or physical disability they have? This excludes difficulties caused by their accent or language barrier.

No Go to page 20.

Yes Please tick the statement that most applies to your child. **Tick one box only.** Then, if possible, give us more information about your choice in the box at the bottom of the page.

- a **The child cannot speak or use language effectively to communicate, even with close family or friends.**
- b **Strangers cannot understand the child's speech at all.**
- c **Strangers have difficulty understanding the child's speech.**
- d **None of the above statements apply.**

More information

You can use this space to tell us in your own words how this activity is affected by your child's condition.

EXAMPLE ONLY
Please speak to Income Support to find out if you can claim

Section 2 – Physical and sensory functions (continued)

Q12 – Seizures causing loss of consciousness or altered consciousness

This question is appropriate for children aged one or more.

This question refers to a fit or seizure which causes a loss of consciousness or altered consciousness.

It does not include dizzy spells, giddiness, vertigo or simple faints.

Does your child have seizures causing loss of consciousness or altered consciousness and is awake at any time during the seizures?

No Go to page 21.

Yes Please tick **all** the statements that apply to your child. Then, where possible, provide more information to explain your choice in the box below.

In the last six months, your child has had at least:

- a Weekly seizures causing loss of consciousness or altered consciousness
- b Monthly seizures causing loss of consciousness or altered consciousness
- c Seizures every two months causing loss of consciousness or altered consciousness
- d None of the above statements apply

More information

You can use this space to tell us in your own words how this activity is affected by your child's condition.

Section 3 – Mental health functions

Does your child have a mental illness or disability?

By this we mean an illness or disability that affects the mind. For example:

a. A mental illness such as:

- depression;
- eating disorder
- schizophrenia.

b. A learning or developmental disability such as:

- Down's syndrome;
- autistic spectrum disorder.

c. An organic brain disorder such as:

- the effects of a brain injury that affects the child's learning, memory or thinking.

If the answer is **yes**, please answer questions 13 to 18 in this section.

If your child does not have a mental illness, disability or organic brain disorder, please go to **Section 4** on page 28.

EXAMPLE ONLY
Please speak to Income Support
to find out if you can claim

Section 3 – Mental health functions (continued)

Q13 – Management of personal finances

This question is for children aged 8 or more.

This question looks at whether your child can plan and organise their money.

Does your child have any difficulties understanding money and how to use it?

No Go to page 23.

Yes Please tick the statement that most applies to your child. **Tick one box only.** Then, if possible, give us more information about your choice in the box at the bottom of the page.

- a **The child does not understand the value of money.**
- b **The child cannot budget for daily/weekly needs**
- c **None of the above statements apply.**

More information

You can use this space to tell us in your own words how this activity is affected by your condition.

EXAMPLE ONLY
Please speak to Income Support
to find out if you can claim

Section 3 – Mental health functions (continued)

Q14 – Maintaining appearance and hygiene

This question is for children aged 5 or more.

This question looks at whether your child can keep up a reasonable appearance and standard of hygiene without help from others.

By **hygiene** we mean:

- washing
- dressing
- grooming

Does your child have any difficulties keeping up a reasonable appearance and standard of hygiene?

No Go to page 24.

Yes Please tick the statement that most applies to your child. **Tick one box only.** Then, if possible, give us more information about your choice in the box at the bottom of the page.

- a The child is unable to keep up normal standards of appearance and hygiene without another person reminding them or watching over them each day.
- b The child is unable to keep up normal standards of appearance and hygiene without another person reminding them or watching over them each week.
- c None of the above statements apply.

More information

You can use this space to tell us in your own words how this activity is affected by your condition.

Section 3 – Mental health functions (continued)

Q15 – Management of daily routine

This question looks at whether your child can understand the need to get up and go to bed at an appropriate hour.

Does your child have any difficulties managing their daily routine?

No Go to page 25.

Yes Please tick the statement that most applies to your child. **Tick one box only**. Then, if possible, give us more information about your choice in the box at the bottom of the page.

- a The child does not get up from bed without being told and their 24-hour cycle is constantly out of phase. (This statement is for a child aged 5 years or more.)
- b The child needs to be told daily to make sure they get up and go to bed at appropriate times. (This statement is for a child aged 8 years or more.)
- c The child needs to be told daily to make sure they get up or go to bed at appropriate times. (This statement is for a child aged 8 years or more.)
- d The child needs to be told from time to time to make sure they get up or go to bed at appropriate times. (This statement is for a child aged 8 years or more.)
- e None of the above statements apply.

More information

You can use this space to tell us in your own words how this activity is affected by your condition.

Section 3 – Mental health functions (continued)

Q16 – Awareness of danger and consequences of behaviour

This question looks at whether your child can recognise common dangers and take appropriate action. It also looks at any behaviours which may put your child or others in danger.

Is your child aware of the dangers and consequences of their behaviour?

Yes Go to page 26.

No Please tick the statement that most applies to your child. **Tick one box only**. Then, if possible, give us more information about your choice in the box at the bottom of the page.

- a The child does not know about common dangers or harmful things that could happen because of their behaviour. (This statement is for a child aged 3 years or more.)
- b The child needs to be told, at least every day about common dangers or about harmful things that could happen because of their behaviour. (This statement is for a child aged 5 years or more.)
- c The child generally knows about common dangers and does not need to be told about harmful things that could happen because of their behaviour, but only when they are in a familiar structured environment. (This statement is for a child aged 8 years or more.)
- d None of the above statements apply

More information

You can use this space to tell us in your own words how this activity is affected by your condition.

Section 3 – Mental health functions (continued)

Q17 – Getting around outdoors

This question looks at whether your child can cope with being outdoors.

Does your child have any difficulties finding their way around outdoors independently?

No Go to page 27.

Yes Please tick the statement that most applies to your child. **Tick one box only.** Then, if possible, give us more information about your choice in the box at the bottom of the page.

- a The child cannot cope with leaving the house even if accompanied by another person. (This statement is for a child aged 5 years or more.)
- b The child cannot cope with leaving the house unless accompanied by another person. (This statement is for a child aged 5 years or more.)
- c The child cannot cope with finding their way around even in places they know well. (This statement is for a child aged 8 years or more.)
- d None of the above statements apply.

More information

You can use this space to tell us in your own words how this activity is affected by your condition.

EXAMPLE ONLY
Please speak to Income Support to find out if you can claim

Section 3 – Mental health functions (continued)

Q18 – Coping with change

This question is for children aged 3 or more.

This question looks at whether your child can adapt to change in their routine.

Does your child have difficulties with changes in their routine?

No Go to page 28.

Yes Please tick the statement that most applies to your child. **Tick one box only**. Then, if possible, give us more information about your choice in the box at the bottom of the page.

- a Changes in the child's routine that have been planned for a while result in disruptive or unsafe behaviour.
- b Changes in the child's routine that are not planned result in disruptive or unsafe behaviour.
- c None of the above statements apply.

More information

You can use this space to tell us in your own words how this activity is affected by your condition.

EXAMPLE ONLY
Please speak to Income Support to find out if you can claim

Section 4 – Help to reach important stages in your child’s development and help with medical care

Q19 – The need for help to reach important stages in your child’s development

We need to know what additional help your child needs because of their physical or mental health illnesses or disabilities. This is the help prescribed by a health care professional to ensure your child develops as much as possible.

Does your child need prescribed help to develop?

No Go to page 29.

Yes Please tick the statement that most applies to your child. **Tick one box only**. Then, if possible, give us more information about your choice in the box at the bottom of the page.

a The child needs help throughout their waking hours.

b The child needs help on a daily basis.

c None of the above statements apply.

More information

You can use this space to tell us in your own words how this activity is affected by your condition.

EXAMPLE ONLY
Please speak to Income Support
to find out if you can claim

Section 4 – Help to reach important stages in your child’s development and help with medical care

Q20 – The need for assistance with medical care

We need to know what additional help your child needs to manage their physical or mental health illness or disabilities.

Does your child need prescribed assistance with medical care?

No Go to page 30.

Yes Please tick the statement that most applies to your child. **Tick one box only**. Then, if possible, give us more information about your choice in the box at the bottom of the page.

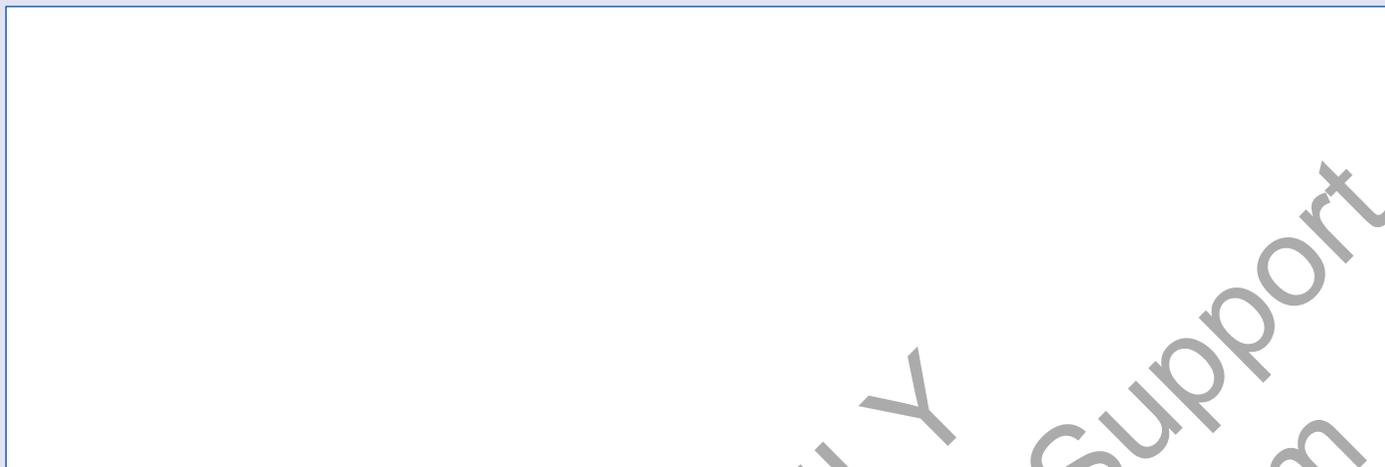
- a The child needs help with a medical procedure, monitoring of the condition or administration of medicine at least three times a day.
- b The child needs help with a medical therapeutic procedure at least once a day.
- c The child needs help with a medical therapeutic procedure at least twice a week.
- d The child needs help with monitoring a medical condition or the administering of medication at least twice a day.
- e None of the statements above apply.

More information

You can use this space to tell us in your own words how this activity is affected by your condition.

Section 5 – Other information that you wish to tell us

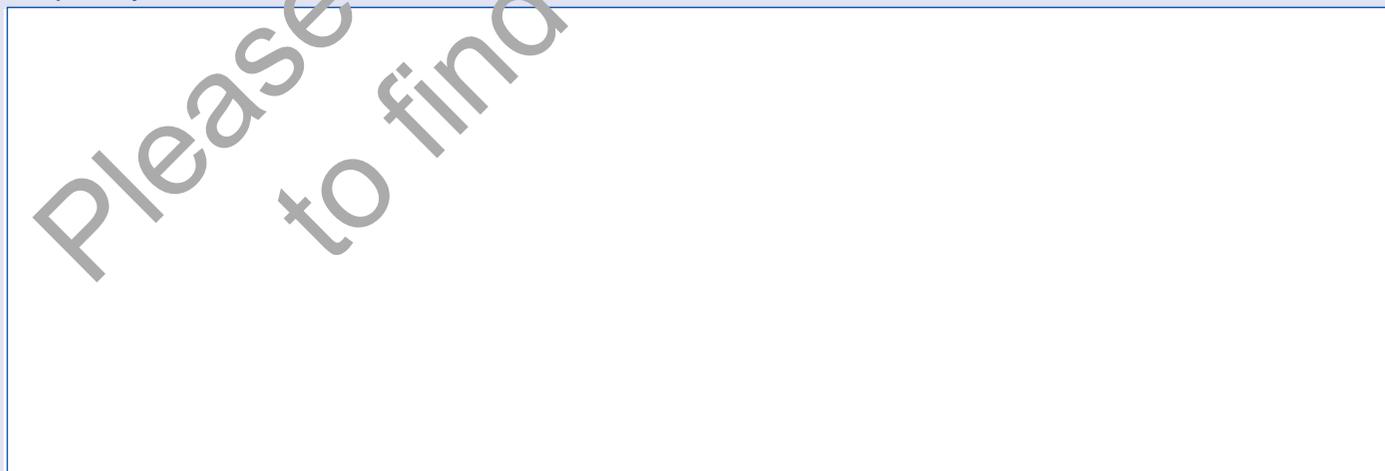
Please use this space to tell us anything else you think we should know about how your child's illness or disabilities affect their normal daily life.



Please give examples and tell us about any day-to-day changes in your child's condition (ie 'good' and 'bad' days). If you need more space you can use the blank pages at the end of this form or attach a separate document.



If you are applying for the clinical cost element for your child as well as the Personal care and/or Mobility element, please use this space to tell us why your child needs to visit the GP more frequently.



Section 5 – Other information that you wish to provide (continued)

Requirements that your child may have

Your child may be asked to attend an examination with one of our doctors or other healthcare professional. Use the space below to tell us about any special requirements your child would have if they were asked to attend an examination.

Tell us things such as:

Whether your child must have someone in addition to yourself to attend:

- because of their medical condition(s)
- to translate or help with communication difficulties

Also, please tell us if your child is **unable** to attend because of their medical condition.

EXAMPLE ONLY
Please speak to Income Support to find out if you can claim

Please give any dates in the next three months when your child is unable to attend an examination, for example, holidays and hospital appointments.

EXAMPLE ONLY
Please speak to Income Support to find out if you can claim

Section 5 – Other information that you wish to provide (continued)

Please list the aids and/or adaptations that the child uses in addition to a child of the same age.

For example:

- A hoist, monkey pole or bed raiser to get out of bed.
- A commode, raised toilet seat or rails to help the child with their toilet needs.
- Bath rails, shower seat or hoist to help the child shower or bath.
- Stair lift, ejector chair, wheelchair or rails to help the child move indoors.
- Walking stick, frame, crutches or artificial limbs for help walking/standing.
- Special cutlery or crockery to help the child eat and drink.
- Hearing aid or text phone magnifier to help the child communicate.
- Sensory or communication aid.

Aids/adaptations	How does this help the child?	What assistance does the child need to use this?

EXAMPLE ONLY
Please speak to Income Support to find out if you can claim

Section 6 – Declaration of parent/guardian

I **declare** that the information I have given on this form is correct and complete to the best of my knowledge.

I **confirm** that I have parental responsibility for the child.

I **understand** that Income Support may share relevant information I have provided with the Education Department and the relevant school/s for confirmation of any special provisions in school.

I **understand** that Customer and Local Services (Social Security) may cross-check any information given on this form against other information it may hold.

I **understand** that where there is a need to check the accuracy of information on this form and for any information needed to deal with:

- this claim for benefit;
- any request for this claim to be looked at again;
- any redetermination or appeal against this claim

that Income Support may share relevant information I have provided with:

- the child's GP;
- the child's Social Worker;
- any doctor who has treated the child;
- hospital, clinic or facility where the child has been treated;
- anyone else who has given the child treatment (such as a physiotherapist).

If you have any questions or concerns regarding us, contacting these third parties, please discuss this with Income Support.

I **also understand** that Income Support may use the information it holds now or may obtain in the future to decide whether I am entitled to:

- the benefit the child is claiming;
- any other benefit the child has claimed;
- any other benefit the child may claim in the future.

I **understand** that you may request a separate medical report from relevant healthcare professional(s) as stated on this form.

A child's parent/guardian must sign this form if they can, even if someone else has filled it in for them.

Warning

Any person who knowingly makes any false statement or false representation for the purpose of obtaining benefit for themselves or for someone else commits a criminal offence for which they may be prosecuted, and may also be required to repay the amount fraudulently obtained.

Parent's/ Guardian's
name

Parent's/Guardian's
signature

Date

DD/MM/YYYY

Social Security
number

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Section 7 – Statement from someone who knows your child

You **do not** need your child's GP to complete this section as Income Support will ask their doctor to submit a different report.

Completion of this section is optional

The best person to complete this section is the person who is most involved with the child's treatment or care. This would usually be somebody who cares for the child regularly, perhaps on a daily basis.

Statement from your child's carer/healthcare professional/support worker

How often do you see the child this form is about and what do you do for the child?

EXAMPLE ONLY
Please speak to Income Support to find out if you can claim

Please tell us what you know about the child's illnesses and disabilities, and how the child is affected by them.

EXAMPLE ONLY
Please speak to Income Support to find out if you can claim

Section 7 – Statement from someone who knows your child (continued)

Carer/Healthcare Professional/Support Worker declaration

Thank you for your time in completing **Section 7** and giving information to us. Please sign and date this report.

- I confirm that the information I have provided in this report is correct.
- I understand that this report may be used to review the current claim.
- I understand that this report may be released to the claimant or to any Appeal Tribunal.

Warning

Any person who knowingly makes any false statement or false representation for the purpose of obtaining benefit for themselves or for someone else commits a criminal offence for which they may be prosecuted, and may also be required to repay the amount fraudulently obtained.

What is your job or profession

Your full name

Your place of work and contact details

 Postcode

Daytime telephone number

Name

Signature

Date

 DD/MM/YYYY



EXAMPLE ONLY
Please speak to Income Support
to find out if you can claim

**Customer and Local
Services**

P.O. Box 55
La Motte Street
St. Helier
Jersey
JE4 8PE

Tel: +44 (0)1534 444444
Email: s.impairment@gov.je
Website: www.gov.je/CLS

Form IS02.M (C) (July 2019)