

## 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

<b>1</b> Child's surname	<input type="text"/>
<b>2</b> Child's first names	<input type="text"/>
<b>3</b> Any other names the child is known by	<input type="text"/>
<b>4</b> 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"/>
<b>5</b> Is the child looked after only because of their disability or illness? No <input type="checkbox"/> Yes <input type="checkbox"/>	
<b>6</b> 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"/>
<b>7</b> 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"/>	
<b>8</b> What is the name of the last person the child lived with before being looked after?	<input type="text"/>
<b>9</b> 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"/>