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

2 Child's first names

3 Any other names the child is known by

4 Date of birth  DD MM YYYY

5 Is the child looked after only because of their disability or illness?
   No ☐ Yes ☐

6 On what date did they start being looked after by the local authority or Health and Social Services Board or Trust?  DD MM YYYY

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 ☐ Yes ☐

8 What is the name of the last person the child lived with before being looked after?

9 Contact name to be filled in by the social worker, locum, duty social worker or clerk

   Phone

   Your office address

   Postcode

   Date  DD MM YYYY