

Health BoardApplication for Handicapped Children's Allowance

This form should normally be completed by the child's mother to whom the allowance will be payable. Where this is not possible it should be completed by the father or guardian.

27th November, 1973.

Part I

1. Surname of Child. Member of the Board:
2. Forename(s).
3. Date of Birth.
4. Is the child living with you at present?
5. Does the child usually live in a hospital, home or similar institution at any time during the year?
6. Has the child any means?
If so, specify the amount and source.

You are hereby requested to attend.

Part II

7. What is the disability from which the child suffers?
8. To what extent does this handicap him?
9. How long has the disability been present?
10. Has the child been treated by a doctor or in hospital?
If so, give the name and address of the doctor or hospital most recently attended.
11. What care and attention does the child need during the day over and above what you would give to a normal child of the same age and sex?
12. Does the child need any special care at night?
If so, give details.

Yours faithfully,

F. HULLMAN,
Chief Executive Officer.

I declare that the child named in this application normally lives with me and that the replies I have given to the questions above are true and complete to the best of my knowledge. I undertake to notify the Health Board of any alteration in place of residence, income or handicap which would make the child ineligible for an allowance. I agree to any medical officer of the Health Board obtaining a report from any doctor, or any hospital which has treated the child, or to referring the child for such other medical examinations as he considers necessary.

Claimant's usual signature

Address

Relationship to child

Date

Note: It is an offence, rendering a person liable to fine or imprisonment or both, knowingly to provide false information, or to conceal material facts.