Additional Children

Details of Children about whom claim is being made.

Name	**Surname**	**Date of Birth** **(DD/MM/YYYY)**	**Service started being used on:** **(DD/MM/YYYY)**	**Is Child under Care Order?** **(Write YES or NO)**

Name	Surname	Date of Birth (DD/MM/YYYY)	Service started being used on: (DD/MM/YYYY)	Is Child under Care Order? (Write YES or NO)